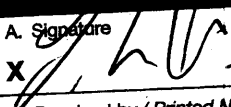


SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
DEPT. OF HUMAN RESOURCES % PAGE WALLEY 50 NORTH RIPLEY ST. MONTGOMERY, AL 36130 2:06 CV 626-A		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: AUG 17 2006 <input checked="" type="checkbox"/> No	
2. Article Number (Transfer from service label)		3. Service Type	
7006 0100 0006 4512 5801		<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
PS Form 3811, August 2001		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
		Domestic Return Receipt	
		102595-02-M-1540	