

- 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.

1. Article Addressed to:

**Julian L. McPhillips**  
**McPHILLIPS SHINBAUM LLC**  
**516 South Perry Street**  
**Montgomery, AL 36104**

A. Signature  
 X *Stacey Strickland*  Agent  Addressee

B. Received by (Printed Name) *Stacey Strickland* C. Date of Delivery *12/29*

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

*Obcv 1148 STC*

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7004 2510 0006 6828 6540

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SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- 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.

1. Article Addressed to:

**Amelia Strickland**  
**McPHILLIPS SHINBAUM LLC**  
**516 South Perry Street**  
**Montgomery, AL 36104**

A. Signature  
 X *Stacey Strickland*  Agent  Addressee

B. Received by (Printed Name) *Stacey Strickland* C. Date of Delivery *12/29*

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

*Obcv 1148 STC*

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7004 2510 0006 6828 6557

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154