

**SENDER: COMPLETE THIS SECTION**

- 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:

Kimberly Hoover  
 211 Geohagen Circle  
 Laurel Hill, FL 32567

A. Signature

X *Kim Hoover*

Agent

Addressee

B. Received by (Printed Name)

*C. Sarant*

C. Date of Delivery

*2/3/07*

D. Is delivery address different from item 1?

If YES, enter delivery address below:

Yes

No

*2:07cv150*  
*# 17 orders #18 Judgment*

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)

7006 2760 0005 4873 9280

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540