

**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 Cir  
 Laurel Hill, FL 32567

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
 X *[Signature]*

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery \_\_\_\_\_

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

2:07CV150  
 JLC 20

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7006 0100 0003 2060 2788

February 2004 Domestic Return Receipt 102595-02-M-1540