

**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:

Mr. Drew Hoover  
 211 Geohagen Cir.  
 Laurel Hill, FL 32567

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

*[Handwritten Signature]*

- Agent
- Addressee

D. Is delivery address different from item 1?

- Yes
- No

If YES, enter delivery address below:

2:07CV150  
 S x C

*[Handwritten Circle]*

3. Service Type

- Certified Mail
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee)

- Yes

2. Article Number (Copy from service label)

7006 0100 0003 2060 2894

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952