

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. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>X Joyce Patterson</i></p> <p>B. Received by (Printed Name) C. Date of Delivery <i>Joyce Patterson</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Nurse W. Nalls Bullock County Correctional Fac P.O. Box 5107 Union Springs, Alabama 36089</p> <p style="text-align: center; font-size: 1.5em;">07CV332</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number 7005 1160 0001 2962 0907 (Transfer from service label)</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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<p>1. Article Addressed to:</p> <p style="text-align: center;">Dr. Siddiq Bullock County Correctional Fac P.O. Box 5107 Union Springs, Alabama 36089</p> <p style="text-align: center; font-size: 1.5em;">07CV332</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number 7005 1160 0001 2962 0884 (Transfer from service label)</p>	
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<p>1. Article Addressed to:</p> <p style="text-align: center;">Nurse Robinson Bullock County Correctional Facility P.O. Box 5107 Union Springs, Alabama 36089</p> <p style="text-align: center; font-size: 1.5em;">87CV332</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p style="text-align: center; font-size: 1.2em;">7005 1160 0001 2962 0914</p>
<p>US Form 3811, February 2004</p>	<p style="text-align: center;">Domestic Return Receipt</p> <p style="text-align: right;">102595-02-M-1540</p>