

## 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 mailplece, or on the front if space permits.

1. Article Addressed to:

Frank L. Perry, in his Official Capacity as Secretary of the
North Carolina Department of Public Safety 4201 Mail Service Center Raleigh, NC 27699-4201

## COMPLETE THIS SECTION ON DELIVERY

| A. Signature X | $\begin{aligned} & \square \text { Agent } \\ & \square \text { Addressee } \end{aligned}$ |
| :---: | :---: |
| B. Recelved by (Printed Name) | C. Date of Delivery |
| [D. - Is delivery address differant fromittem 12 If YEST, enteffilivety/ddres sblpw: <br> FEB 202015 |  |


| 3. Sorvice Type DCortiflar Mare fiw-prieshy Mail Express <br>  $\square$ Insured Mall पCollecton Delvery |  |
| :---: | :---: |
|  |  |
| estricted Dellvery? (Extra Fee) |  |


| Article Number |  |
| :---: | :---: |

PS Form 3811, July 2013 Domestic Return Receipt

