

**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 Number  
[Redacted]

Tallahassee,  
Fl [Redacted]

2. Article Number  
(Transfer from service label) [Redacted]

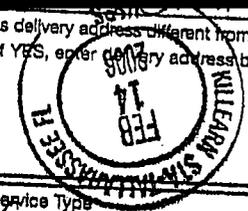
PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
[Redacted]  Agent  
 Addressee

B. Received by (Printed Name) [Redacted] C. Date of Delivery

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



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

4. Restricted Delivery? (Extra Fee)  Yes

Domestic Return Receipt

102595-02-M-1540

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Number  
[Redacted]

Tallahassee  
Fl [Redacted]

2. Art  
(Th

PS F

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X [Redacted]  Agent  
 Addressee

B. Received by (Printed Name) [Redacted] C. Date of Delivery  
2-3-06

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

Rod

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

4. Restricted Delivery? (Extra Fee)  Yes

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