

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: 4/2/15 B.M.
AC 2015-029
Eric Lane
P.O. Box 3309
Riverview, FL 33568

2. Article Number
(Transfer from service label)

7014 0510 0001 5481 6285

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature
[Handwritten Signature] Agent Addressee

B. Received by (Printed Name) 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® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes