

11/13/09

**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:

TIFFANY ANDERSON  
 1516 SYLVAN WAY  
 LODI, CA 95242  
 #205

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*Tiffany Anderson*

B. Received by (Printed Name) *Tiffany Anderson* C. Date of Delivery *12/10*

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

3. Service Type
- Certified Mail  Express Mail
  - Registered  Return Receipt for Merchandise
  - Insured Mail  C.O.D.
4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
 (Transfer from service label)

7004 1350 0002 2807 1398

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7004 1350 0002 2807 1398

Sent To: *TIFFANY ANDERSON*  
 Street, Apt. No.,  
 or PO Box No. *1516 SYLVAN WAY*  
 City, State, ZIP+4 *LODI CA 95242*  
 PS Form 3800, June 2002 See Reverse for Instructions

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only. No Insurance Coverage Provided)  
 For delivery information visit our website at [www.usps.com](http://www.usps.com)  
**OFFICIAL USE**