

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

**OFFICIAL USE**

4659 65E4 1000 0282 6002  
 7009 2820 0001 4359 8594

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

003140

Postmark  
Here

9/18

Gloria S. Alsing & Leatrice M. Whitney ET AL.  
 1007 S. Wellsley St.  
 Visalia, CA 93277

**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:

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *[Signature]*

- Agent
- Addressee

B. Received by (Printed Name)

*Gloria Alsing*

C. Date of Delivery

*9-23-11*

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

Gloria S. Alsing & Leatrice M. Whitney ET AL.  
 1007 S. Wellsley St.  
 Visalia, CA 93277

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 ser)

7009 2820 0001 4359 8594