

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 	A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i>	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
<div style="border: 1px solid black; padding: 5px; text-align: center;"> Paul N. Alsing & Leatrice M. Whitney et al 414 Arden Dr. Encinitas, CA 92024 </div>	B. Received by (Printed Name)	C. Date of Delivery
	Address different from item 1? <input type="checkbox"/> Yes delivery address below: <input type="checkbox"/> No	
	Service type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
2. Article Number (Transfer from service)	4. Restricted Delivery (Extra Fee) <input type="checkbox"/> Yes 7011 3500 0003 1848 1615	

PS Form 3811, July 2015 Domestic Return Receipt

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

For delivery information visit our website at [usps.com](#)

OFFICIAL RECEIPT

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

Paul N. Alsing & Leatrice M. Whitney et al
 414 Arden Dr.
 Encinitas, CA 92024

003140
003235

7011 3500 0003 1848 1615

PS Form 3811, August 2006 See Reverse for Instructions