

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. 	<p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: SEP 17 A 11:38 CITY OF BIRMINGHAM, AL PAULA SMITH CITY CLERK CITY HALL 710 N. 20TH ST BIRMINGHAM, AL 35203</p>	<p>B. Received by (Printed Name) <i>Larry Van Hook</i> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <i>Terry Van Hook</i></p> <p>2:10-CV-2386-100B</p>	
<p>2. Article Number (Transfer from service label)</p>	<p>7010 0780 0002 0992 3358</p>	
<p>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>		

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540