

**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:

Mr. Michael Welch  
18493 Highway 280  
Claxton, GA 30417

2. Article Number  
(Transfer from service label)

7010 0290 0002 0414 6143

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery  
Sabrina Newkirk 5-7-11

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

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for  Advice of Consignee  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes