

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:

MARIO CARTAYA
9743 WEST AVALON PLACE
LITTLETON, CO 80127

2. Article Number
(Transfer from service label)

PS Form 3811, February

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Jim P. Carter

- Agent
- Addressee

B. Received by (Printed Name)

Tina P. Cartaya

C. Date of Delivery

9/24/08

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

3. Service Type

- Certified Mail
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

7005 1820 0000 4004 4313

102595-02-M-154

