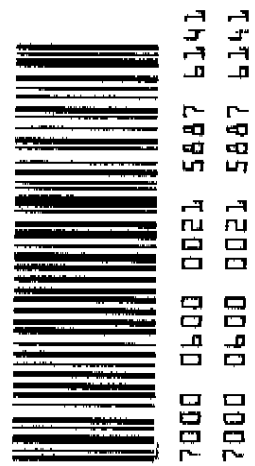


SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p><b>BRADFORD CANNON</b> 38036-054 US PENITENTIARY LOMPOC- UNIT B 3901 KLEIN BLVD LOMPOC, CA 93436</p>		<p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>	
<p>2. Article Number (Transfer from service label) <b>7000 01000 0021 5887 6141</b></p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt <span style="float: right;">102585-02-M-1540</span></p>	

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS FOLD & DOTTED LINE  
**CERTIFIED MAIL**



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

Article Sent To:  
**Pet: Bradford Cannon**

Postage	\$	Postmark Here
Certified Fee	<input checked="" type="checkbox"/>	
Return Receipt Fee (Endorsement Required)	<input checked="" type="checkbox"/>	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Name (Please Print Clearly) to be completed by mailed:  
**B Cannon #38036-054**  
 Street, Apt. No., or PO Box No.  
**USPent. LomPOC - Unit B**  
 City, State, ZIP+4  
**3901 Klein Blvd. LomPOC, CA 93436**

PS Form 3800, July 1999 See Reverse for Instructions