

**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.

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee  
X *SLWR*  
B. Received by (Printed Name) *SLWR*  
C. Date of Delivery 1-1-07  
D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

1. Article Addressed to:

Jonathan Lee Riches  
40948-018  
WILLIAMSBURG  
FEDERAL CORRECTIONAL INSTITUTION  
Inmate Mail/Parcels  
P.O. BOX 340  
SALTERS, SC 29590

Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
Restricted Delivery? (Extra Fee)  Yes

7003 0500 0004 3875 2534

2. Article Number  
(Transfer from service label)

Domestic Return Receipt

PS Form 3811, February 2004

102595-02-M-1540