SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	
CALL-A-WAY Vicki R. Doe 20110-4 Golden Panther Drive Estero FL 33928-2021 UMA Doe	4a. Article N	umber	Certified Insured chandise COD
6. Signature: (Addressee or Agent) X PS Form 3811 , December 1994		Dome	estic Return Receip

AFA
APP
CAF
CMU
CTR
EAG
LEG
MAS
OPC
PAI
SEC
WAW
OTH

DOCUMENT NUMBER-DATE

13973 NOV 128