

en e	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Received by (Please Print Clearly) B. Date of Delivery Signature Addressee
1. Article Addressed to: CGD465	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
Monroe Norris Kneece 5317 Guff Drive	
Panama City Beach, FL 32408-6701	3. Service Type
	* Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
PSC-06-0614-PAA-TC	4. Restricted Delivery? (Extra Fee)
2. Article Number 7 🖂 4	1160 0004 5751 3729
PS Form 3811, March 2001 Domestic Ret	urn Receipt 102595-01-M-1424
All and the second second	

COM ____
CTR ___
ECR ___
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OPC ___
RCA ___
SCR ___
SGA ___
SEC __

OTH ____

CMP ____

DOCUMENT NUMBER-DATE

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