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1. Article Addressed to: <i>DKH# : K1161-TX</i> <i>DN: 04777-K</i>	B. Received by (Printed Name) <i>J. SEELY</i>	C. Date of Delivery <i>2/9/15</i>
Mr. Leon Nowalsky Nowalsky Law Firm 1420 Veterans Memorial Blvd. Metairie LA 70005	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
2. Article Number (Transfer from service label)	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
PS Form 3811, February 2004	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	102595-02-M-1540

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