

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.

1. Article Addressed to:

Helliday, Steien
5311 Duncan Street #2
Pittsburgh, PA 15201

09-859-TR-QVF

2. Article Number

Transfer from service label

7007 2680 0001 0484 7248

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Helliday

Agent

Addressee

B. Received by (Printed Name)

HELLIDAY

Date of Delivery

10/26/88

D. Is delivery address different from item 1?

If YES, enter delivery address below

Yes

No

CC 128 PM

3. Service Type

Certified Mail

Registered

Insured Mail

Express Mail

Return Receipt for Merchandise

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes