

SENDER: COMPLETE THIS SECTION		ADDRESSEE: COMPLETE THIS SECTION (OR DELIVERY)	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>HAMDY, NABIL S  85 BLAIR ROAD  PORT READING NJ 07064</p> <p>09-735-TR-CVF</p>		<p>B. Received by (Printed Name)  Nabil HAMDY</p> <p>C. Date of Delivery  12/14/09</p>	
		<p>D. Is delivery address different from item B?  If YES, enter delivery address below</p> <p><input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p>	
		<p>3. Service Type</p> <p><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.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number  (Transfer from service label)</p> <p>7007 2680 0001 0491 9952</p>			

PS Form 3811, February 2004

Domestic Return Receipt

102505-02-44-1540

This is to certify that the images appearing are an accurate and complete reproduction of a case file document delivered in the regular course of business.

Technician D.R. Date Processed 12/16/09