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.

Is your RETURN ADDRESS completed on the reverse side?

3. Article Addressed to: 00-156 9/1+9/7
DLB Enterprises, Inc.
2244 Larson Lane
Suite 104
Dallas, TX 75229

4a. Article Number
0004 6087 3660

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
9/14/00

5. Received By: (Print Name)
Sue Lutz

6. Signature: (Addressee or Agent)
X Sue Lutz

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7099 3220 0004 6087 3660

Article Sent To:

Postage	$ 55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	—
Restricted Delivery Fee (Endorsement Required)	1.75
Total Postage & Fees	$ 5.20

ct-CR03

Postmark Here
WASH, D.C. L'ENFANT PLAZA STA
USPS
JCP 11 2000

Name (Please Print Clearly) (To be completed by mailer)
DLB Enterprises, Inc.
Street, Apt. No.; or PO Box No.
2244 Larson Lane
City, State, ZIP+4
Dallas, TX 75229

PS Form 3800, July 1999 See Reverse for Instructions