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.

3. Article Addressed to:

DC-156
12/7/00

John McVeigh
12101 Blue Paper Trail
Columbia, MD 21044-2787

4a. Article Number

0004 6087 4223

4b. Service Type

☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

12-14

5. Received By: *(Print Name)*

J.J. McVeigh

6. Signature: *(Addressee or Agent)*

X J.J. McVeigh

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

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

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

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

7099 3220 0004 6087 4223

Article Sent To:

Postage	$ .33
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	1.25
Total Postage & Fees	$2.98

BALTIMORE, MD DC-156 12/7/00
USPS 2000 DEC 14 PM 1 PLAZA STA
Postmark Here

Name (Please Print Clearly) (To be completed by mailer)
John McVeigh
Street, Apt. No.; or PO Box No.
12101 Blue Paper Trail
City, State, ZIP+4
Columbia, MD 21044-2787

PS Form 3800, July 1999 See Reverse for Instructions