

**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: 12-11FOI

\* 01-99  
 John M. Goodman  
 Verizon  
 1300 I Street, N.W.  
 Washington, DC 20005

2. Article Number (Copy from service label)

0023 8169 0545

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) J. Scarborough B. Date of Delivery  
 C. Signature [Signature]  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
 4. Restricted Delivery? (Extra Fee)  Yes

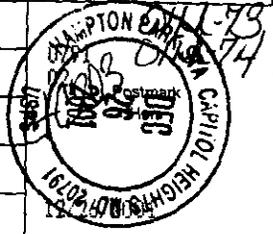
7000 0600 023 8169 0545

**U.S. Postal Service  
 CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To  
WASHINGTON DC 20005

Postage	\$ <u>0.34</u>
Certified Fee	\$ <u>2.10</u>
Return Receipt Fee (Endorsement Required)	\$ <u>1.50</u>
Restricted Delivery Fee (Endorsement Required)	\$ <u>0.00</u>
<b>Total Postage &amp; Fees</b>	<b>\$ <u>3.94</u></b>



Name (Please Print Clearly) (to be completed by mailer)  
John M. Goodman  
 Street, Apt. No., or P.O. Box No.  
1300 I Street, N.W.  
 City, State, ZIP+4  
Washington, DC 20005

PS Form 3811, July 1999

See Reverse for Instructions