

| SENDER COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
|--|--|---|--|
| <ul style="list-style-type: none"> 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. | | A. Received by (Please Print Clearly) _____ B. Date of Delivery _____ | |
| 1. Article Addressed to: <u>3-2002</u> 97-178 * Marist College 290 North Road Poughkeepsie, NY 12601 | | C. Signature <u>[Signature]</u> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee | |
| 2. Article Number (Copy from service label) <u>0023 0771 0180</u> | | D. Is delivery address different from item 1? If YES, enter delivery address below: _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| PS Form 3811, July 1999 | | Domestic Return Receipt 12601+1325 | |
| | | 3. Service Type <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. | |
| | | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | |

DOCKET NO. 97-178

CERTIFIED & INSPECTED

MAIL MAR 28 2002

RETURN RECEIPT REQUESTED

REC - MAILROOM

NAME: Marist College
290 North Road
Poughkeepsie, NY 12601
 BY _____

| | |
|-----------------|---------------------|
| ORDER DATED | <u>3-20-02</u> |
| DATE OF RECEIPT | <u>MAR 27 10 00</u> |
| ALPHABETIC NO. | |

7000 0600 0023 0771 0180

| U.S. Postal Service | |
|--|---------------|
| CERTIFIED MAIL RECEIPT | |
| (Domestic Mail Only. No Insurance Coverage Provided) | |
| Article Sent To: _____ | |
| Postage \$ | <u>34</u> |
| Certified Fee | <u>210</u> |
| Return Receipt Fee (Endorsement Required) | <u>150</u> |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ <u>394</u> |
| Name (Please Print Clearly) (to be completed by mailer) <u>Marist College</u> | |
| Street, Apt. No., or PO Box No. <u>290 North Road</u> | |
| City, State, ZIP+4 <u>Poughkeepsie, NY 12601</u> | |

