SENDER

- 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: 03-152

* 03-152
William L. Zawila, Esq.
12550 Brookhurst St.
Suite A
Garden Grove, CA 92840

A. Received by (Please Print Clearly)

B. Date of Delivery 8-1-03

C. Signature X [signature]

☐ Agent
☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)
0023-0771-1538

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

7000 0600 0023 0771 1538

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

Article Sent To

Postage	$ 1.06
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 5.11

Postmark Here
CYC 203
JUL 23 2003
MD-DSPS-20791
03-152
7/1/03

Name (Please Print Clearly) (to be completed by mailer)
William L. Zawila
Street, Apt. No.; or PO Box No.
12550 Brookhurst St. (Suite A)
City, State, ZIP+4
Garden Grove, CA 92840