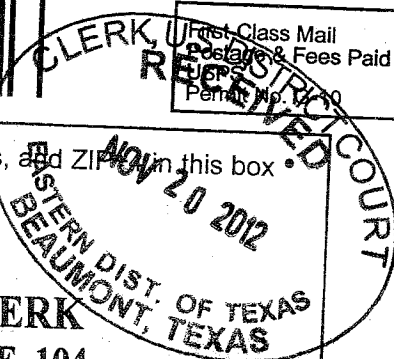


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p><i>Istivan Douglas</i></p>	
<p>1. Article Addressed to:</p> <p><i>Istivan Douglas</i> <i>23 Powder Street NW</i> <i>Concord, NC 28025-4955</i></p> <p><i>41110655</i> <i>#158 order</i></p> <p><i>BC</i></p>	<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery</p> <p><i>11-16-12</i></p>
<p>2. Article Number (Transfer from service label)</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<p>PS Form 3811, February 2004</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7000 0520 0023 6637 9873</p>		

UNITED STATES POSTAL SERVICE



• Sender: Please print your name, address, and ZIP in this box

U.S. DISTRICT CLERK
300 WILLOW ST., STE. 104
BEAUMONT, TX 77701

