

● **SENDER:** Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.  
 Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent the card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

<input checked="" type="checkbox"/> Show to whom delivered, date and <del>signature</del> (Extra charge)		<input type="checkbox"/> Restricted Delivery (Extra charge)	
3. Article Addressed to: G-H Associates 5118 Park Avenue P.O. Box 171199 Memphis, TN 38187		4. Article Number B058 295 934	
5. Signature - Addressee X		Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input checked="" type="checkbox"/> Express Mail	
6. Signature - Agent X <i>E. Smith</i>		Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>	
7. Date of Delivery 3/8/88		8. Addressee's Address (ONLY if requested and fee paid)	

PS Form 3811, Mar. 1987      \* U.S.G.P.O. 1987-178-268      DOMESTIC RETURN RECEIPT