

PS Form 3811, Aug. 1978

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

● SENDER: Complete items 1, 2, and 3. Add your address in the "RETURN TO" space on reverse.								
1. The following service is requested (check one). ☒ Show to whom and date delivered. _____¢ ☐ Show to whom, date, and address of delivery. _____¢ ☐ RESTRICTED DELIVERY Show to whom and date delivered. _____¢ ☐ RESTRICTED DELIVERY. <i>W</i> Show to whom, date, and address of delivery. \$ _____ (CONSULT POSTMASTER FOR FEES)								
2. ARTICLE ADDRESSED TO: <i>Jim W W</i> <i>EPA</i>								
3. ARTICLE DESCRIPTION: <table border="1"><tr><td>REGISTERED NO.</td><td>CERTIFIED NO.</td><td>INSURED NO.</td></tr><tr><td></td><td><i>639743</i></td><td></td></tr></table>			REGISTERED NO.	CERTIFIED NO.	INSURED NO.		<i>639743</i>	
REGISTERED NO.	CERTIFIED NO.	INSURED NO.						
	<i>639743</i>							
(Always obtain signature of addressee or agent) I have received the article described above. SIGNATURE ☐ Addressee ☐ Authorized agent <i>[Signature]</i>								
4. DATE OF DELIVERY <i>[Signature]</i>								
5. ADDRESS (Complete only if requested)								
6. UNABLE TO DELIVER BECAUSE: <i>DTH 000089401</i>		CLERK INITIALS						

UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS

SENDER INSTRUCTIONS

Print your name, address, and ZIP Code in the space below.

- Complete items 1, 2, and 3 on the reverse.
- Attach to front of article if space permits. Otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.

PENALTY FOR PRIVATE
USE TO AVOID PAYMENT
OF POSTAGE, \$300



**RETURN
TO**



C. L. Miller

(Name of Sender)

P. O. Box 91

(Street or P. O. Box)

Aberdeen, MS

(City, State, and ZIP Code)

DTH 000089402

39730