

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- 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 Ms. Audrey Joan Martini  
 4101 Shadow Lane  
 FN, 171294, Family Care  
 Racine, WI, 53405



9590 9402 3170 7166 3124 63

2. Article Number (Transfer from service label)

7012 3460 0000 0488 2957

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X Sharon Phifer

- Agent
- Addressee

B. Received by (Printed Name)

Sharon Phifer

C. Date of Delivery

5/12/11

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

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

(over \$500) Delivery