Scanned by	Date	Doc ID #
Zenith Bodden	11/16/'10	12221

SENDER: COMPLETE THIS SECTION

- 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:

MR. KIRK PAGE
W.A. PAGE ACB SITE
308 VFW ROAD
SWANSBORO, NORTH CAROLINA
28584

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Joan Cross
☐ Agent
☐ Addressee

B. Received by (Printed Name) JOAN CROSS
C. Date of Delivery 11/10/10

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 Z.B. (Transfer from service label) 7008 0150 0000 3068 6354

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540