

**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:

GENE DOUGLASS  
 1811 10th St.  
 Wichita Falls, TX  
 76301

2. Article Number

(Transfer from service label)

7003 3110 0000 3595 3862

3862

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

Kandi DeLeon

 Agent Addressee

B. Received by (Printed Name)

Kandi DeLeon

C. Date of Delivery

7/14/04

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