

TOD

P-2014-021

certified Mail Receipts

7014 0150 0000 9138 2913

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

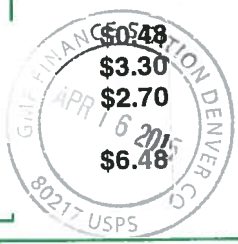
OFFICIAL USE

Postage \$ _____

Postage: \$0.48
 Certified Fee: \$3.30
 Return Receipt Fee: \$2.70
 Total Postage & Fees: \$6.48

Sent To
 Dr. Eustice Zacher
 804 30th Lane
 Pueblo, CO 81006

PS Form 3800, August 2006 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>Eustice Zacher</i></p> <p>B. Received by <i>(Printed Name)</i> C. Date of Delivery <i>4/22/15</i></p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Dr. Eustice Zacher 804 30th Lane Pueblo, CO 81006</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
<p>2. Article Number</p> <p>7014 0150 0000 9138 2913</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>