

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:

SOPHIE TRUJILLO
P.O. BOX 164
TESUQUE, NM 87574

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Sophie Trujillo* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery

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 (Transfer from service) 7005 1820 0006 3409 8623 23506

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1. Article Addressed to:

CHARLES A. FONDA
330 ROSEWOOD AVENUE
WINNETKA, IL 60093

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *C. Fonda* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
9/21/15

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 (Transfer from service) 7005 1820 0006 3409 8548 28574

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1. Article Addressed to:

DORISE F. FONDA
330 ROSEWOOD AVENUE
WINNETKA, IL 60093

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *D. Fonda* Agent Addressee

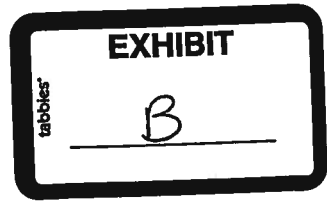
B. Received by (Printed Name) C. Date of Delivery
9/21/15

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 (Transfer from service label) 7005 1820 0006 3409 8555 28574



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. 		A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee X <i>[Signature]</i>	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
GEOFFREY B. WEST 47 POLARIS ROAD SANTA FE, NM 87506		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		SEP 30 2015	
3. Service Type		<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee)		<input checked="" type="checkbox"/> Yes	
2. Article Number (Transfer from service)		7005 1820 0006 3409 8531 37062	
PS Form 3811, February 2004		Domestic Return Receipt 102585-02-M-1540	

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<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. 		A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee X <i>[Signature]</i>	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
JACQUELINE WEST 47 POLARIS ROAD SANTA FE, NM 87506		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		SEP 30 2015	
3. Service Type		<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee)		<input checked="" type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7005 1820 0006 3409 7961 37062	
PS Form 3811, February 2004		Domestic Return Receipt 102585-02-M-1540	