

MAIN POST OFFICE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Isaias Zapata</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p><b>FABIOLA TORRES</b>  <b>3 RAMON GOMEZ LANE</b>  <b>SANTA FE, NM 87506</b></p>	<p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery  <i>Isaias Zapata</i> <input type="checkbox"/> <b>8/4/15</b></p>	
	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes                  If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p><b>AUG 04 2015</b></p> <p>POST OFFICE</p>		
<p>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.</p>		
<p>4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes</p>		
<p>2. Article Number                  (Transfer from service label) <b>7005 1820 0006 3409 7930</b> <b>94564</b></p>		
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>		

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<p>4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes</p>		
<p>2. Article Number                  (Transfer from service label) <b>7005 1820 0006 3409 7947</b> <b>94564</b></p>		
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>		

**EXHIBIT**  
**B**