

**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:

RUSIN, CASANDRA  
 1018 SE 22<sup>nd</sup> St.  
 Cape Coral, FL 33990

2. Article Number  
(Transfer from service label)

7013 0600 0000 7882 4932

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

Chasin  
C Rusin Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

C Rusin

6-14

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

 Certified Mail® Priority Mail Express™ Registered Return Receipt for Merchandise Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee)

 Yes

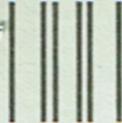
UNITED STATES POSTAL SERVICE

TAMPA

FL 335

14 JUN '14

PM 4 L



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box •

FINNEY LAND CO.  
P.O. BOX 2471  
DURANGO, CO 81302-2471

