

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:

FIDELITY COMMUNICATIONS
64 CLARK ST.
SULLIVAN, MD 63080

2. Article Number
(Transfer from service label)

7008 0150 0000 6220 2737

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Debra Parks* ☒ Agent ☐ Addressee

B. Received by (Printed Name)

Debra Parks

C. Date of Delivery

8-25-14

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

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

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

SULLIVAN, MD 63080

Postage	\$.49	\$0.49
Certified Fee	3.70	\$3.30
Return Receipt Fee (Endorsement Required)	2.70	\$2.70
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$6.89	\$6.49

0601

08

MD

22

2014

Postmark
Here

Sent To

FIDELITY COMMUNICATIONS

Street, Apt. No.,
or PO Box No.

64 CLARK ST

City, State, ZIP+4

SULLIVAN, MD 63080

PS Form 3800, August 2006

See Reverse for Instructions

7008 0150 0000 6220 2737