

**SENDER: COMPLETE THIS SECTION****COMPLETE THIS SECTION ON DELIVERY**

- 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.

Article Addressed to:

Ms. Susan Thress  
 Vailant Corporation  
 PO Box 95  
 Palmyra, NJ 08065

A. Signature

X

Susan Thress

 Agent Address

B. Received by (Printed Name)

SUSAN THRESS

C. Date of Delivery

D. Is delivery address different from item 1?  YesIf 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

Article Number

(Transfer from service label)

7003 3110 0003 0766 5615

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

UNITED STATES POSTAL SERVICE



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

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

Mr. Donn Diebert  
DTSC - 11th Floor - MS 11A  
PO Box 806  
Sacramento, CA 95812-0806

