

COMPLETE THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION

- Complete item 1, 2 and 3
- Attach this label to the front of the container you are shipping
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1. Article Addressed to:

COASH & COASH
COURT REPORTING, VIDEO
AND VIDEOCONFERRING
1802 North 7th Street
Phoenix, AZ 85006
11/8/2016 9:50 AM

2. Article Number (Transfer from service label)

PS Form 3811, ~~File # 2013 PSN 7530-02-000-9053~~

A. Signature Agent
 Signature Addressee

B. Received by (Printed Name)

Signature

C. Date of Delivery

11/9/16

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

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt