

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Ernie L. Brooks, Esq. BROOKS KUSHMAN P.C. 1000 Town Center Twenty-Second Floor Southfield, Michigan 48075	B. Received by (Printed Name)	C. Date of Delivery
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If different, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, August 2001	<input type="checkbox"/> Registered Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input checked="" type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
	7003 2260 0004 5445 6859	
	Domestic Return Receipt 557#17 102595-02-M-1540	

281020