


SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<div>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</div> <div>■ Print your name and address on the reverse so that we can return the card to you.</div> <div>■ Attach this card to the back of the mailpiece, or on the front if space permits.</div>		<div>A. Signature <div><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</div></div>	
		<div>B. Received by (Printed Name) KEVIN S. MALIK</div>	<div>C. Date of Delivery 9-22-14</div>
<div>1. Article Addressed to: Jeffrey S. Kimpton, Pres. Interlochen Center for the Arts P.O. Box 199 Interlochen MI 49643-0133</div>		<div>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</div>	
		<div>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</div>	
		<div>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</div>	
<div>2. Article Number (Transfer from service label)</div>		<div>7099 3400 0012 3006 5937</div>	
PS Form 3811, July 2013		Domestic Return Receipt	