

## 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:

Clerk, Records Court  
133 Montgomery Room 116  
Savannah Ga. 31401

## 2. Article Number

(Transfer from service label)

7012 1010 0000 0497 3599

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X *[Signature]*☐ Agent☐ Addressee

## B. Received by (Printed Name)

D. B. Jones

## C. Date of Delivery

6-10-15

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

USPS, GARDEN CITY  
GARDEN CITY, Georgia  
314089998

1254920706-0097

06/08/2015 (912)964-4033 08:57:02 AM

Product Description	Sale Unit Qty	Price	Final Price
SAVANNAH GA 31401-3238 Zone-1			\$0.49

First-Class Mail Letter

0.50 oz.

Expected Delivery: Wed 06/10/15

Certified Mail

USPS Certified Mail #:

7012101000004973599

Return Receipt

Label #:

9590940100215071031702

Customer Postage

Subtotal:

-\$0.49

\$6.25

Issue Postage:

\$6.25

Total:

\$6.25

Paid by:

Cash

Change Due:

\$20.25

-\$14.00

For tracking or inquiries go to  
USPS.com or call 1-800-222-1811.

Order stamps at usps.com/shop or  
call 1-800-Stamp24. Go to  
usps.com/clicknship to print  
shipping labels with postage. For  
other information call  
1-800-ASK-USPS.

U.S. Postal Service™

## CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

SAVANNAH GA 31401

SAVANNAH GA 31401

Postage \$ 13.45

Certified Fee \$2.80

Return Receipt Fee (Endorsement Required) \$0.00

Restricted Delivery Fee (Endorsement Required) N/A

Total Postage &amp; Fees \$ 16.74

Sent To

Street, Apt. No.,

or PO Box No.

City, State, ZIP+4

Clerk, Records Court

133 Montgomery St. Room 116

Savannah Ga. 31401

PS Form 3800, August 2006

See Reverse for Instructions

