

**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®

**OFFICIAL USE**

2019 1640 0000 8260 4840

**Certified Mail Fee**

Extra Services & Fees (check box, add fee as appropriate)  
 Return Receipt (hardcopy) \$ \_\_\_\_\_  
 Return Receipt (electronic) \$ \_\_\_\_\_  
 Certified Mail Restricted Delivery \$ \_\_\_\_\_  
 Adult Signature Required \$ \_\_\_\_\_  
 Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postmark  
Here

**Total Postage and Fees**

Sent to  
**Clifford C Gramer Attorney at Law**  
 Street and Apt. No., or  
**3733 Eubank Blvd NE**  
 City, State ZIP+4®  
**Albuquerque, NM 87111-3536**

PS Form 3800, April 2015 PSN 7510-02-000-9027 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- 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:  
**Clifford C Gramer Attorney at Law**  
**3733 Eubank Blvd NE**  
**Albuquerque, NM 87111-3536**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee  
 B. Received by (Printed Name) Clifford C Gramer C. Date of Delivery \_\_\_\_\_  
 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) |  |

2. Article Number (Transfer from service label)  
**9590 9402 5535 9249 2353 90**



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PS Form 3811 July 2015 PSN 7530-02-000-9027

Domestic Return Receipt