

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:

William Croxford
Attorney Dep. of State
Off. of Secretary of State
PO Box 94125
Baton Rouge, LA 70804

2. Article Number

(Transfer from service label)

7010 0290 0000 9004 9948

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Josie Lucas

Agent

Addressee

B. Received by (Printed Name)

JOSIE LUCAS

C. Date of Delivery

FEB 10 2012

D. Is delivery address different from item 1? Yes
If 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

Domestic Return Receipt

102595-02-M-1540