



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.		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>Jim White</i></p>	
<p>1. Article Addressed to:</p> <p>Barry Feldman, Ph.D. Interim Vice President and Chief Operating Officer University of Connecticut 352 Mansfield Road Unit 2014 Storrs, CT 06269-2014</p>		<p>B. Received by (Printed Name) <i>CU213M074</i></p>	<p>C. Date of Delivery <i>9-11-6</i></p>
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>7003 2260 0005 1388 6689</p>			

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

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NMCC/RCM MATERIALS-002