

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:

King's Chapel Capacity, LLC
c/o Mr. John Powell
P.O. Box 34
Arrington, Tennessee 37014

2. Article Number
(Transfer from serial number)

7010 3090 0003 3554 4378

PS Form 3811, February 2004 Legal

Domestic Return Receipt Show Cause

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes

☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7010 3090 0003 3554 4378

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our web site at www.usps.com

OFFICIAL USE

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)

Total

Sent To

Street or PO
City, State

King's Chapel Capacity, LLC
c/o Mr. John Powell
P.O. Box 34
Arrington, Tennessee 37014

PS Form 3800, August 2005

See Reverse for Instructions