

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:

Drug Enforcement Admin.
8701 Morrisette Drive
Springfield, Virginia
22152



9590 9402 3454 7275 8594 14

2. Article Number (Transfer from service label)

7007 1490 0002 0045 7626

PS Form 3811, July 2015 PSN 7530-02-000-9053

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? Yes
If YES, enter delivery address below: No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

Carl Olsen
130 E Aurora Ave
Des Moines, IA 50313

PS Form 3800, August 2006
See Reverse for Instructions

Sent to
Drug Enforcement Administration
8701 Morrisette Drive
Springfield, Virginia 22152

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

Postmark Here

OFFICIAL USE

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

7007 1490 0002 0045 7626
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CERTIFIED MAIL™

Drug Enforcement Administration
Attn: Administrator
8701 Morrisette Drive
Springfield, Virginia 22152