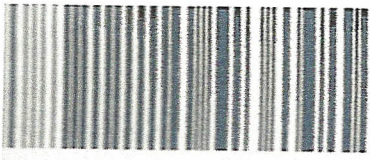


RETURN RECEIPT
REQUESTED



U.S. POSTAGE
PAID
BATON ROUGE, LA
70810
FEB 17, 17
AMOUNT
\$6.80
R2304M110036-22

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™



3500 0002 5980 6133

UNCLAIMED 127 FEB 17 2017
397

Ms. Deborah Steinmetz, Chairman
State Board of Examiners of Interior Designers
650 Poydras Street
Suite 142
New Orleans, LA 70130

NIXIE 708 6E 1 0203/16/17
RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD
MANUAL PROC REQ *2965-00134-17-39

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:
Deborah Steinmetz
650 Poydras St
Ste 1425
New Orleans LA 70130

2. Article Number
(Transfer from service label)

7011 3500 0002 5980 6133

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X 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
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes