SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Signature X Agent Addresser B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
UMCC HOLDINGS P.O. BOX 6280	
DEPT. 0040 INDIANOPOLIS IN 46206-6280 07-546-TP-CSS	3. Service Type ☐ Certified Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
· A A A A A A A A A A A A A A A A A A A	4. Restricted Delivery? (Extra Fee)
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540

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