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 Agent Agent Addressee
Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
PETER DEROCCHIS	T 3 5
3 HESS COURT	26 U
MOUNDSVILLE, WV 26041	
'	3. Service Type Certified Mail Registered Recurr Receitation Merchandise Insured Mail C.Q.B.
09-520-TR-CUF	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7007 2680	1 0001 0491 9532
PS Form 3811, February 2004 Domestic Re	turn Receipt 102505-02-M-1540