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 malipiece, or on the front if space permits. 		☐ Agent☐ Addressee Date of Delivery
1, Article Addressed to:	D. Is delivery address different from item 1?	
MCINTYRE, VASHON R 1562 VYSE AVENUE BSMT APT.		nco
BRONX NY 10469 08-40-6A-CSS	3. Service Type Certifled Mail Express Mail Registered Return Receipt Insured Mail C.O.D.	for Merchandise
08-64-6A-C\$S	4. Restricted Delivery? (Extra Fee)	☐ Yes
2. Article Number 7007 2LB	0 0001 0491 9587	i
PS Form 3811, February 2004 Domestic Re	turn Receipt	102595-02-M-154
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