SENDER: COMPLETE THIS SECTION	DOMESTRE PHIS SE	ECTION ON DELIVERY
Complete items 1, 2, and 3. Also completitem 4 if Restricted Delivery is desired. Print your name and address on the reveso that we can return the card to you. Attach this card to the least of the mailpor on the front Pspace permits.	B. Received by (Prince) D. Is delivery address	
(noe#06-1290-TR-CO+	3. Service Type Certified Mail Registered Insured Mail	☐ Express Mall ☐ Return Receipt for Merchandise ☐ C.O.D.
2. Article Number (Transfer from service label)	7002 2410 000	
PS Form 3811, August 2001	omestic Return Receipt	102595-01- M-2509