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 Received by (Printed Name) C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? If YES, enter delivery address below:
HESS, RICHARD	TO A T
P.O. BOX 56	3. Service Type
MILTON ,PA 17847	☐ Registered ☐ Raturn Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
- 06-1141-TR-CVE	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number 7001 251	0 0004 7177 0401 S
PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-1540 :

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