

SENDER: COMPLETE THIS SECTION		RECEIVING OFFICE: 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 ☐ Addressee	
1. Article Addressed to: PRUZHANSKIY, ALEKSANDR TRUCK DRIVER 745 86TH AVENUE NW COON RAPIDS MN 55433		B. Received by (Printed Name) ALEKSANDR PRUZHANSKIY	
2. Article Number (Transfer from service label) 10-196-TR-CVF		C. Date of Delivery	
3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.		D. Is delivery address different from item 1? If YES, enter delivery address below: ☐ Yes ☐ No	
4. Restricted Delivery? (Extra Fee)		☐ Yes	
7002 2410 0000 1632 3517			
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1840			

This is to certify that the images appearing are an accurate and complete reproduction of a case file document delivered in the regular course of business

Technician [Signature] Date Processed 3/26/10