

SENDER: COMPLETE THIS SECTION		ADDRESSEE: COMPLETE THIS SECTION	
■ 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: GREGORY ARTEMENKOV 1043 E. HOLLY CIRCLE LAKE ZURICH IL 60047		B. Received by (Printed Name) C. Date of Delivery	
10-474-TR-CVF		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
2. Article Number (Transfer from service label)		3. Service Type: ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
7007 2680 0001 0485 1832		4. Restricted Delivery? (Extra Fee) ☐ Yes	

PS Form 3811, February 2004

Domestic Return Receipt

10259-104-1040

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Technician DL Date Processed 4-27-2010