

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 		<p>A. Signature X <u>AM</u> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>PRUZHANSKIY, ALEKSANDR 745 86TH AVENUE NW COON RAPIDS MN 55433</p> <p>10-196-TR-CVF</p>		<p>B. Received by (Printed Name) <u>PRUZHANSKIY</u></p> <p>C. Date of Delivery <u>8-2-10</u></p>	
<p>2. Article Number (Transfer from service label) <u>7007 2680 0001 0486 9271</u></p>		<p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>UCCO -5 AM DOCKED IN DOCK</p>	
<p>PS Form 3811, February 2004</p>		<p>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>Domestic Return Receipt</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

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 OT Date Processed 8-5-2010