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■ 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 X Willie Taylor ☐ Agent ☐ Addressee B. Received by (*Printed Name*) Willie Taylor C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No GENERAL DELIVERY JUN 05 2017 CLEVELAND, OHIO 44101
1. Article Addressed to: Ms. Lessie Milton-Jones 1201 East 55th Street P.O. Box 5759 Cleveland, OH 44101 17-1374-GA-CSS	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (*Extra Fee*) ☐ Yes
2. Article Number (*Transfer from service label*) 7002 2410 0000 1632 3654	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

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