

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
  - 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.
1. Article Addressed to:

17 - /  
PUCO

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature		<input type="checkbox"/> Agent
B. Received by (Printed Name)		<input type="checkbox"/> Addressee
C. Date of Delivery		

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type		
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Restricted Delivery	
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> Insured Mail Restricted Delivery	
<input type="checkbox"/> Insured Mail Restricted Delivery	<input type="checkbox"/> Insured Mail Restricted Delivery	

1. Article Addressed to:	17 - /
2. Article Number (Transfer from service label)	PS Form 3811, July 2015 PSN 7530-02-001
7016 2140 0001 0774 0152	

**SENDER: COMPLETE THIS SECTION**

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1. Article Addressed to:

17 - /

COMPLETE THIS SECTION ON DELIVERY		
A. Signature		<input type="checkbox"/> Agent
B. Received by (Printed Name)		<input type="checkbox"/> Addressee
C. Date of Delivery	17-29/17	

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type		
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Restricted Delivery	
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> Insured Mail Restricted Delivery	
<input type="checkbox"/> Insured Mail Restricted Delivery	<input type="checkbox"/> Insured Mail Restricted Delivery	

1. Article Addressed to:	17 - /
2. Article Number (Transfer from service label)	PS Form 3811, July 2015 PSN 7530-02-001
7016 2140 0001 0774 0473	

Return Receipt

PS Form 3811, July 2015 PSN 7530-02-001

RECEIVED - BOOKETING BY

2018 JAN -2 PM 1:33

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   
Date Processed 1/2/18