n tc	(Domestic Mail Only; No	o Insurance Coverage Provided)	
7010 1870 0002 8136 60t	Eliterom Me 04556  Postage \$  Certifled Fee  Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)  Total Postage & Fees \$  Sent To 259 BRAC  Street, Apt. No.; or PO Box No. 3 }	\$0.45 OIONE 047 \$2.95 Postmark Here \$2.35 Sec Reverse for Instructions	
SENDER: COMPLET	E THIS SECTION	COMPLETE THIS SECTION ON DELI	IVERY
so that we can retur	Delivery is desired. address on the reverse in the card to you. the back of the mailpiece,	A. Signature  X  B. Received by ( Printed Name)	☐ Agent ☐ Addresse C. Date of Deliver
31 LAWRENC		D. Is delivery address different from iten If YES, enter delivery address below	
EDGECOMB, 054 G021	WIE 04556	3. Service Type  ☐ Certified Mail ☐ Express Mai ☐ Registered ☐ Return Rece ☐ Insured Mail ☐ C.O.D.  4. Restricted Delivery? (Extra Fee)	il bipt for Merchandise
2. Article Number	7010 1	.870 0002 8136 6042	

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CERTIFIED MAIL, RECEIPT

(Transfer from service label) PS Form 3811, February 2004

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