SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X Alyandra Traire Addressee  B. Received by (Printed Name)  C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? Yes
Tricon International Limited/Tricon En Attn: James Prazak (Operations Manag 777 Post Oak Boulevard Houston, TX 77056	PR II
	3. Service Type  Certified Mail  Registered  Insured Mail  Receipt for Merchandise  C.C.D.
2 0 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	4. Restricted Delivery? (Extra Fee) ☐ Yes
	3230 0000 9476 6203
PS Form 3811, February 2004 Domestic Retu	rn Receipt 102595-02-M-1540