A. Signature /
X Agent ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery
D. Is delivery address different from item 1? Yes if YES, enter delivery address below: No 3. Service Type Certified Mail Registered Insured Mail Receipt for Merchandise
4. Restricted Delivery? (Extra Fee) ☐ Yes
0 0000 9476 6630