| SENDER: COMPLETE THIS SECTION   | COMPLETE THIS SECTION ON DELIVERY |
|---|-----------------------------------|
| 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.  Emily A. Collins Oday Salim University of Pittsburgh School of La PO Box 7226 Pittsburgh, PA 15213-0221 | A. 'Signature  X                  |
| 2. Article Number (Transfer from service label) 7003  | 1680 0000 5220 4732               |