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 mailplece, or on the front if space permits.</li> </ul>	X DAGENT
	B. Received by ( <i>Printed Name</i> ) C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
<ul> <li>Integer Chara Gumming</li> <li>Integer Charministicative Law Judges</li> <li>Integer Charministicative Law Judges</li> <li>Integer Characteristication Agency</li> <li>Integer Characteristication</li> <li>Integer Characteristication</li> </ul>	
	Service Type     Gertified Mall     Express Mall     Registered     Insured Mall     C.O.D.
	4. Restricted Delivery? (Extra Fee)
7008 0150 0000 8076 2473 _ CWA-10-08-0009	
PS Form 3811, February 2004 Domestic Retu	Im Receipt 102595-02-M-1540

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