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 mailplece, or on the front if space permits. 	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
 Integer Chara Gumming Integer Charministicative Law Judges Integer Charministicative Law Judges Integer Characteristication Agency Integer Characteristication Integer Characteristication 	
	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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