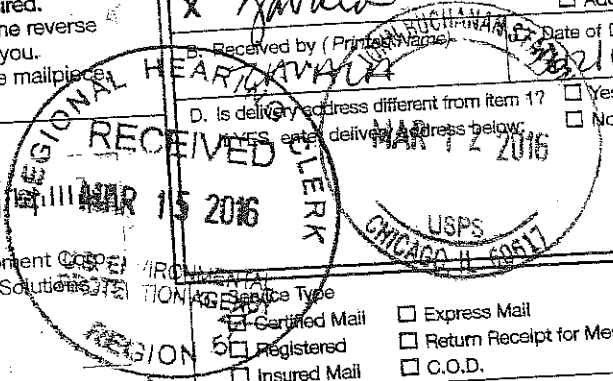


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>X Zavala</i> Date of Delivery <i>3/21/16</i></p>
<p>1. Article Addressed to:</p> <p>Carl M. Adelman          Adelman's Truck and Equipment          d/b/a Adelman's Resource Solutions          3051 East 106th Street          Chicago, Illinois 60617</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> <p>YES enter delivery address below</p>
<p>CAA-05-2016-0017</p>	<p>Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number          (Transfer from service label)</p> <p>7011 1150 0000 2640 6639</p>	<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>



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