COMPLETE THIS SECTION ON DELIVERY
A. Signature A. Signature B. Received by (<i>Printed Name</i>) D. K. H. J. M. O.S. D. Is delivery address different from Item 1? If YES, enter delivery address below: No
3. Service Type Certified Mall Express Mall Registered Return Receipt for Merchandise Insured Mall C.O.D. 4. Restricted Delivery? (Extra Fee) Yes
000 8645 3471