SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. 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. Article Addressed to: JAN 0 3 2018 David Steffensen, P.C. 4873 South State Street Salt Lake City, UT 84107 CWA-08-2017-0026 	A. Signature X. Addressee B. Received by (Printed Name) C. Date of Delivery Judith Mehr D. Is delivery address different from item 1? If YES, enter delivery address below: No
9590 9402 3196 7166 7846 19 2. Article Number (Transfer from service label)	3. Service Type □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Certified Mail® □ Certified Mail Restricted Delivery □ Collect on Delivery □ Collect on Delivery Restricted Delivery □ Collect on Delivery Restricted Delivery □ Collect on Delivery Restricted Delivery □ Registered Mail Restricted Delivery □ Return Receipt for Merchandise □ Signature Confirmation Signature Confirmation Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

W.