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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 mailpiece, or on the front if space permits.</li> </ul>	A. Signature  A. Signature  A. Agent  Addressee  B. Received by ( Printed Name)  C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? " \( \subseteq \text{ Yes"} \)  If YES, enter delivery address below: \( \subseteq \text{ No} \)
TSCA-07-2010-008	·
Thomas W. Reader	3. Service Type
2642 Cumbres Court Les Cruces, New Mexico 88011	Certified Mail  Registered Return Receipt for Merchandise Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number 7006 2760 0000 8646 2893	
PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-1540

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