	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 mailpiece, or on the front if space permits. 	A. Signature X B. Received by (Printed Name) Tank (MM b) L N
	Article Addressed to:	D. Is delivery address different from it. 17
	Yao Shi, Manager Green Leaf, LLC PO Box 711 Chesterfield, Missouri 63005 3. Service Type Certified Mail Express Mail Registered Recum Receipt for Mere	If YES, enter delivery address balds.
		Certified Mail
		4. Restricted Delivery? (Extra Fee) ☐ Yes
2. 1-1-1-1		
	PS Form 3811, February 2004 Domestic Ref	turn Receipt 102595-02-M-1540

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