SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse that we can return the card to you. Attach this card to the back of the mailprior on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery iece,
Robert Gregg Sease 10957 East Bethany Drive Aurora, Colorado 80014 CWA - 03 - 2011 - 0015	If YES, enter delivery address below:
	3. Service Type Certified Mail
A1	4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number (Transfer from service label)	7009 3410 0000 2591 975L
PS Form 3811, February 2004	Domestic Return Receipt