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. 	A. Signature X E Rafolo B. Received by (Printed Name)	☐ Agent ☐ Addressee C. Date of Delivery
Eder Rapal O Premier Flipping LLC 8 Meadonlark Rd. Enfield, CT 06082	D. Is delivery address different from item 1?	
9590 9402 5734 0003 7952 96	3. Service Type Adult Signature Adult Signature Restricted Delivery Certified Mail® Certified Mail Restricted Delivery Collect on Delivery Collect on Delivery	□ Priority Mail Express® □ Registered Mail™ □ Registered Mail Restricted Delivery □ Return Receipt for Merchandise □ Signature Confirmation™
2. Article Number (Transfer from service label) 7019 1640 0000 1274 58		Signature Confirmation Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	HILL L. L. Com.	Domestic Return Receipt