SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul> <li>Complete items 1, 2, and 3. Also compitem 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the revenue.</li> </ul>		A. Signature	Agent Addressee
<ul> <li>so that we can return the card to you.</li> <li>Attach this card to the back of the mail or on the front if space permits.</li> </ul>	piece,	B. Received by (Printed Name)	C. Date of Delivery
Article Addressed to:		D. Is delivery address different from item 1? Yes if YES, enter delivery address below: No	
Leonardo Ramos-Hernandez HC 4 Box 2925 Barranquitas, PR 00794		LEDNAGO / AGOS	
4		3. Service Type O Cortified Mail O Express M Registered D Return Re	lail Merchandise
		4. Restricted Delivens (Extra Fee)	∵ ☐ Yes
2. Article Number (Transfer from serving Labor 7003 1	1.80 O	100 <b>5220 3232</b> V	

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