SIFELA PACIFIC USW SENDER: COMPLETE THIS SECTION	13-01-13-04 CUMPLETE 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. Signfature  X Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1?  Yes  If YES, enter delivery address below:  No
Rob Simpson	<b>Z</b>
27126 Grandview Avenue	₹
Hayward, California 94543	> 5 6
1	3. Service Type Certified Mail Registered Insured Mail C.O.D.
1	4. Restricted Delivery (2) (Extra Fee)
2. Article Number (Transfer from service label)	1472 0000 B220 1472
PS Form 3811, February 2004 Domestic Retu	urn Receipt 102595-02-M-1540

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