PALMOALE	ASDAPPEAUNO. 1667
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. 	A. Signature X Agent Addressee B. Regelved by (Printed Name) C. Date of Delivery
Attach this card to the back of the mailpiece, or on the front if space permits.	6 Cocosy 9/25/12
1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
Todd T. Cardiff	U.S. AP
Law Office of Todd T. Cardiff	<u> </u>
1901 First Avenue, Suite 219	<u> </u>
San Diego, CA 92101	3 Service Type Certified Mall Registered Insured Mail C.O.D.
•	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7003 16	80 0000 5220 4541
	eturn Receipt 102595-02-M-1540

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