ENDER: 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 	A. Signature	☐ Agent☐ Addressee
 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. 	B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to: Moffhew Ammon U.S. Dept. of HuD Office of Healthy Home + Lead Hazard Control 451 741 Street S.W. Rmp-3206	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No SCO	
	3. Service Type 5 5 Express	Mail ecelpt for Merchandise
Washington, DC 20410	4. Restricted Delivery? (Extra Fee)	☐ Yes