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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. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: CA-OA-OA-OA-OA-OA-OA-OA-OA-OA-OA-OA-OA-OA	A. Signature X Agent Addressee B. Received by Printed Name) D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
	3. Service Type Sertified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
2. Article Ni 7006 2760 0000 864	<u> </u>
PS Form 3811 February 2004 Domestic Ret	turn Receipt 102595-02-M-1540