

**SENDER: COMPLETE THIS SECTION**

- 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:

Habeeba Shariff  
3957 North Ashland  
Chicago, Illinois 60613

2. Article Number

*(Transfer from service label)*

7001 0320 0006 0185 7545

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

**COMPLETE THIS SECTION ON DELIVERY**A. Received by *(Please Print Clearly)*

B. Date of Delivery

C. Signature

X

 Agent Addressee

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

 Certified Mail  Express Mail Registered  Return Receipt for Merchandise Insured Mail  C.O.D.4. Restricted Delivery? *(Extra Fee)* Yes

RECEIVED  
 REGIONAL HEARING CLERK  
 US EMBASSY REGION V  
 APR 20 11:31 AM '01