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. 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee ery address different from item 1? Yes
1. Article Addressed to:	
III III	Service Type Certified Mail Registered Return Receipt for Merchandise C.O.D. Restricted Delivery? (Extra Fee)
2. + 825 Grove 7001 0320	0006 1448 2031
PS Form 3811, March 2001 Domestic Retu	urn Receipt 102595-01-M-1424

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