COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION ■ Complete items 1, 2, and 3. Also complete A. Received by Please Print Clearly) B. Date of Delivery item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse C) Signature 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. If YBS enter delivery address below: MAK U 3 2010 REALANDS-20110R0042CLERIC Service Type Certified Mail Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. -05-2010-0012 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7009 1680 0000 7667 3631 (Transfer from se PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424