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.	A. Signature  A. Signature  A. Signature  Adjent  Addressee  B. Received by (Phinted Name)  C. Date of Delivery
Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  #3DWA-08-2017-00081 0 2 2017	D. Is delivery address different from item 1/2 les  If YES, enter delivery address below:
Joseph Collins, Registered Agent C5 Youth Foundation of Southern California, Inc. 1334 S. Central Avenue Los Angeles, CA 90021-2210	3. Service Type  Certified Mail Registered Return Receipt for Merchandise C.O.D.
2. Article Number	4. Restricted Delivery? (Extra Fee) ☐ Yes L2 2210 0000 5368 7688
(Transfer from service label)  PS Form 3811, February 2004  Domestic Ret	