SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X
1. Article Addressed to: WILLIAM MCHALL, PRESIDENS	If YES, enter delivery address below:
PRM CONCLETE COLP. 975 SCHOOL ST.	52010
PAWTUCKET, RI 02860	3. Service Type  IV Certifies Mail  Registered  Receipt for Merchandise  Insured Mail  C.O.D.
(CWX-01-2010-0050-PRM conc.)	4. Restricted Delivery? (Extra Fee) ☐ Yes
	0000 6591 8786 [[]]
PS Form 3811, February 2004 Domestic Retu	urn Receipt 102595-02-M-1540