ENDER: 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. Article Addressed to: 	A. Signative B. Received by (Printed Name) C. Date of Delivery MARC D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
Mark Valentine	
1318 N Poplar Erueka, Kansas 67045	Service Type Certified Maii Express Maii Registered Insured Mali C.O.D.
	4. Restricted Delivery? (Extra Fee)
Article Number (Transfer from se 7006 2760 0000	8646 3166
S Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540

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