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. 1. Article Addressed to: 1600 000000000000000000000000000000000	A. Signature X. D. C. M. Addresse B. Regelved by (Printed Name) C. Date of Delivery D. Is delivery address different from Item 1? Yes If YES, enter delivery address below: No NO NO CLOWN GLOWN SH CLOWN GLOWN SH
Clear Lake, Iowa 50428	3. Service Type Certified Mall Registered Return Receipt for Merchandise C.O.D.
2. Article	4. Restricted Delivery? (Extra Fee)
(Trans	8728
PS Form 3811, February 2004 Domestic Retu	rn Receipt 102595-02-M-1540

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