1 Management of the state of th	SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. 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. Addressed to: Chalass Cilbourn Ave	COMPLETE THIS SECTION ON DELIVERY A. Signature B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from Item 1? If YES, enter delivery address below: No
	9590 9402 6805 1074 6944 20 7021 2720 0000 2293 1644	3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mall ☐ Certified Mall Restricted Delivery ☐ Delivery ☐ Delivery ☐ Delivery ☐ Delivery ☐ Signature Confirmation ☐ Signature Confirmation ☐ Restricted Delivery ☐ Registered Mail Restricted Delivery ☐ Signature Confirmation ☐ Restricted Delivery ☐ Insured Mail Restricted Delivery ☐ Restricted Delivery
į.	PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt