COMPLETE THIS SECTION ON DELIVERY **SENDER:** COMPLETE THIS SECTION A. Signature Complete items 1, 2, and 3. C Agent Print your name and address on the reverse Х Addresse A so that we can return the card to you. B. Received by (Printed Name) C. Date of Delive Attach this card to the back of the mailpiece, or on the front if space permits. D. Is delivery address different from item 1?
Yes 1. Article Addressed to: If YES, enter delivery address below: XX INC. Abdulascer Holerani 10 .U 26Th Service Type Priority Mail Express® 3 Registered Mail Adult Signature Registered Mail Restric Adult Signature Restricted Delivery Certified Mail® Signature Confirmation 9590 9402 9191 4225 0833 38 Certified Mail Restricted Delivery Signature Confirmation Collect on Delivery an Delivery Restricted Delivery **Restricted Delivery** 2. Article Number (Transfer from service labol all Restricted Delivery (over \$500) 7021 2720 0000 2293 1842 **Domestic Return Recei** PS Form 3811, July 2020 PSN 7530-02-000-9053 .8.11 1 1 M W. W. W. W. W. W. SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY Complete items 1, 2, and 3. A. Signature Print your name and address on the reverse C Agent X Stuzion so that we can return the card to you. Address Attach this card to the back of the mailpiece, B. Received by (Printed Name) C. Date of Delive or on the front if space permits. PETER LEVAN 1. Article Addressed to: D. Is delivery address different from item 1? Yes If YES, enter delivery address below: indsan **Z**No 3 Orrigton Are #40 story IL 40201 Service Type C Priority Mail Express® Adult Signature Registered MailTM
 Registered Mail Restric
 Delivery Adult Signature Restricted Delivery
 Certified Mail® 9590 9402 9191 4225 0832 53 Certified Mail Restricted Delivery Signature Confirmation Collect on Delivery Signature Confirmation 2. Article Number (Transfer from service label) **Restricted Delivery** 2027 5250 0000 5543 796P all Restricted Delivery <u>क्वरा</u>र्ग) PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receir SENDER: COMPLETE THIS SECTION **COMPLETE THIS SECTION ON DELIVERY** A. Signature Complete items 1, 2, and 3. Agent Agent Print your name and address on the reverse Х man Address so that we can return the card to you. в. eceived by (Printed Name) C. Date of Delive Attach this card to the back of the mailpiece. or on the front if space permits. 1. Article Addressed to: D/Is delivery address different from item 1? Q Yes Jun Dieter 2432 41 Kilbourn Ave Milw WI 5323) If YES, enter delivery address below: KÍ No Service Type Priority Mall Express®
 Registered Mail[™] CI Adult Signature Adult Signature Restricted Delivery Registered Mall Restric Delivery Certified Mail Restricted Delivery Signature Confirmation 9590 9402 7749 2152 0945 85 Delivery Delivery Restricted Delivery C Signature Confirmation 5270 2941 7727 46 **Restricted Delivery** 2. Article Num 9589 0710 insured Mail Insured Mail Restricted Delivery
 (over \$500) PS Form 3811. July 2020 PSN 7530-02-000-9053 Domestic Return Receiv