SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul> <li>Complete items 1, 2, and 3.</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 mallpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> </ul>	A. Signature  X	Agent Addressee C. Date of Delivery.  Item 1? Yes Delow: To No
Maria Roloff 2549 N Terrace Ave Miles W1 53211		
9590 9402 7811 2152 2367 52	3. Service Type  ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certifled Mail® ☐ Certifled Mail Restricted Delivery ☐ Collect on Delivery	☐ Priority Mall Express®☐ RegIstered Mail™☐ RegIstered Mail™☐ RegIstered Mail Restricted Delivery☐ Signature Confirmation™☐ Signature Confirmation
2. Article Number (Transfer from service Ishell 7021 2720 0000 2293 3	1 □ Collect on Delivery Restricted Delivery  556 testricted Delivery tover \$500)	Restricted Delivery
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt

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