2 COMPLETE THIS SECTION ON DELIVERY **SENDER:** COMPLETE THIS SECTION A. Signature Complete items 1, 2, and 3. 🗖 Agent Print your name and address on the reverse χĹ Addressee so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailplece, to Ann Kuma or on the front if space permits. nn D. Is delivery address different from Item 1? If YES, enter delivery address below: 1. Article Addressed to: St weiter rislaw 52 H WI □ Priority Mail Express®
 □ Registered Mail™
 □ Registered Mail Restricted Delivery
 □ Signature Confirmation™
 □ Signature Confirmation Restricted Delivery 3. Service Type
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 Adult Signature

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9590 9402 7749 2152 0947 69 manufar from convice lehal) 7020 0090 0000 0138 9797 PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt