- I SOM LETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
9590 9402 3238 7196 5928 07 2. Article Number (Transfer from service label) 7018 2290 0000 6497 6115	A. Signature A. Agent Addresse B. Received by (Printed Name) C. Date of Deliver D. Is delivery address different from item 1? If YES, enter delivery address below: No
	3. Service Type □ Adult Signature Restricted Delivery □ Certified Mail® □ Certified Mail Restricted Delivery □ Collect on Delivery □ Collect on Delivery Restricted Delivery □ I ail □ □ □ Restricted Delivery □ I ail □ □ □ Restricted Delivery □ I ail □ □ □ Restricted Delivery □ Restricted Delivery □ Restricted Delivery □ Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

E NO

.