s. €	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 mailplece, or on the front if space permits. Attach ddressed to: Patrick Fay Guardin TYOT S Kapsal' SECOND	A. Signature B. Received by (Printed Name) 5 D. fŝ delivery address different from If YES, enter delivery address	C. Date of Delivery
	9590 9402 7440 2055 6185 83	3. Service Type Adult Signature Adult Signature Restricted Delivery Certified Mail® Certified Mail Collect on Delivery Cellvery Delivery	Priority Mall Express® Registered Mall TM Registered Mail Restricted Delivery Signature Confirmation TM Signature Confirmation Restricted Delivery
•	7021 2720 0000 2293 30	山 그 웨 고고 msurea wall Restricted Delivery (over \$500)	
	PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt

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