	COMPLETE THIS SECTION ON	DELIVERY
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
 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 mailpiece, or on the front if space permits. 	A. Signature X B. Received by (Printed Name)	Agent Addressee C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No	
Cannon Cochran Management	,	
Services, Inc.,		
3333 Warrenville		
Lisle IL 60532		
211698	O. Candas Time	
9590 9402 7811 2152 2351 75	3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery	 □ Priority Mail Express® □ Registered Mail™ □ Registered Mail Restrictered Mail Restrictered □ Delivery □ Signature Confirmation □ Signature Confirmation
2. Article Number (Transfer from service label) 7021 2720 0000 2293 4652	☐ Collect on Delivery Restricted Delivery ☐ Insured Mail ☐ Insured Mail Restricted Delivery	Restricted Delivery
PS Form 3811, July 2020 PSN 7530-02-000-9053	(over \$500)	Domestic Return Receip