ZIP 53202 \$ 0 02 4W 0000378550FE

SALPOLINGE.

		1
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON	I DELIVERY
Complete items 1, 2, and 3. Print your name and address on the reverse	A. Signature	☐ Agent
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 mailpiece, or on the front if space permits.	b. Heceived by (Fillited Ivallie)	C. Date of Delivery
1. Article Addressed to: Ivicin Novvissey (L23 N 48 12 St Liilw W 53208	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No	
Lilw W 53208		1
	3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery	☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted
9590 9402 7811 2152 2357 48	☐ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery	Delivery ☐ Signature Confirmation™☐ Signature Confirmation☐
2 Article Number (Transfer from service label) 7021 2720 0000 2293 43	☐ Collect on Delivery Restricted Deliver ☐ Insured Mail ☐ Insured Mail Restricted Delivery	y Restricted Delivery
PS Form 3811, July 2020 PSN 7530-02-000-9053	T)	Domestic Return Receipt

HHHH 0000

SENDER FORWARD FORWARD SENDER

in s -R-T-S-RETURN UNABLE UNABLE RETURN 532082056-1N

