	80169-5116
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.	A. Signature X Agent Addressee
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery
. Article Addressed to: Emilia Melendez	D. Is delivery address different from item 1? If YES, enter delivery address below: No
Votre Davre Middle Schor	et The
Mills w Layton Blud Mills wt 53215	
9590 9402 3170 7166 3119 54	3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Certified Mail Restricted Delivery ☐ Registered Mail Restricted Delivery ☐ Return Receipt for
	☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation ☐ ☐ Signature Confirmation ☐ ☐ Signature Confirmation ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
. Article Number (<i>Transfer from service label</i>) 7017 1450 0000 7569 53	□ Signature Confirmation Restricted Delivery Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt