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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 A. Signature A. Signature A. Signature Addressee B. Received by (Printed Name) C. Date of Delivery 211119
Jose Maz Po Box 64047	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
Julio W1 53204	
9590 9402 3238 7196 5945 97	3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Certified Delivery ☐ Certified Mail Restricted Delivery ☐ Registered Mail Restricted Delivery
2. Article Number Transfer from DDD L500 744	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

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