	uu	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION OF	N DELIVERY
<ul> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> </ul>	A. Signature  X  B. Received by (Printed Name)	Agent  Addressee  C. Date of Delivery
Attach this card to the back of the mailpiece, or on the front if space permits.	b. Neceived by (Finited Name)	O. Date of Delivery
1. Article Addressed to: Shand Mc Adams Studio	D. Is delivery address different from item 1?	
PO Bux 238		
Cidarburg N 53012		
	Service Type     Adult Signature     Adult Signature Restricted Delivery      ✓ Certified Mail®	☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricte Delivery
9590 9402 4964 9063 4826 36	☐ Certified Mail Restricted Delivery ☐ Collect on Delivery	☐ Return Receipt for Merchandise
7018 2290 0000 6497 7266	Collect on Delivery Restricted Delivery  Insured Mail	☐ Signature Confirmation ☐ Signature Confirmation ☐ Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt