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.  1. Article Addressed to:  Caol Storm  9423 W Hawthorne Ld  Megum W 53697	A. Signature  X. August John Agent  Addresse  B. Received by (Printed Name)  C. Date of Delivery  CS/07/20  D. Is delivery address different from item 1? If Yes  If YES, enter delivery address below:
9590 9402 4964 9063 4839 09	3. Service Type  Adult Signature  Adult Signature Restricted Delivery  Certified Mall Restricted Delivery  Collect on Delivery  Collect on Delivery  Collect on Delivery  Collect on Delivery
7019 2280 0001 7548 885	Pelivery Restricted Delivery Company Company
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt