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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 X B. Received by (Printed Name)	☐ Agent ☐ Addressee ☐ C. Date of Delivery
1. Article Addressed to: Rabust Pyles & Witox/1 Dabney 6737 N Thotonia Am	D. Is delivery address different fro If YES, enter delivery address	
9590 9402 5674 9346 5778 65 2. Article Number (Veneral Tono) 0488 395	3. Service Type Adult Signature Adult Signature Restricted Delivery Certified Mail® Certified Mail Restricted Delivery Collect on Delivery Delivery Restricted Delivery Il Restricted Delivery Il Restricted Delivery (over \$500)	☐ Priority Mall Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery
PS Form-3811 July 2015 PSN 7530-02-000-9053		Domestic Return Receipt