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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 mailplece, 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: CHNS / Conice K 7530 S. Supern, LLC 10125 S. 5214 DX	D. Is delivery address different from item 1? If YES, enter delivery address below:	
9590 9402 5674 9346 5778 34 2. Article Number Transfer from sentine labell 7018 2290 0000 6497 5:	3. Service Type Adult Signature Adult Signature Restricted Delivery Certified Mail® Certified Mail® Certified Mail Restricted Delivery Collect on Delivery Collect on Delivery Signature Restricted Delivery Lestricted Delivery (over \$500)	□ Priority Mall Express® □ Registered Mall™ □ Registered Mall Restricted Delivery □ Return Receipt for Merchandise □ Signature Confirmation™ □ Signature Confirmation Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receip