SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON 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> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> <li>Allstate Property and Casualty Ins.</li> <li>C/o Jennifer Brown for Rose Gomez</li> <li>Roanoke Subrogation MCO</li> <li>PO BOX 21169</li> <li>Roanoke VA 24018</li> </ul>	A. Signature  X
9590 9402 3170 7166 3105 82  2. Article Number (Transfer from service label) 7012 3460 0000 0488 0861	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt