UNITED STATES I	Postal Service	First-Class Mail Postage & Fees Paid USPS Permit No. G-10
• Sender	: Please print your name, address,	, and ZIP+4 in this box •

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature	☐ Agent ☐ Addressee	
 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. 	B. Received by (Printed Name)	C. Date of Delivery	
Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No		
		• 9 = 5	
	3. Service Type ☐ Certified Mail ☐ Express Mai ☐ Registered ☐ Return Rece ☐ Insured Mail ☐ C.O.D.	I lipt for Merchandise	
	4. Restricted Delivery? (Extra Fee)	☐ Yes	
Article Number (Transfer from service label)			
PS Form 3811, August 2001 Domestic R	eturn Receipt	102595-02-M-1540	