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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete terms 1, 2, and control of the second processing terms 4 if Restricted Delivery is desired. 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 Dermits. 	A. Signature X Agent Addressee B. Received by Printed Narce) D. is delively address different from item 1? If YES, enter delivery address below: No
	3. Service Type Service Type Scertified Mail Express Mail Registered Receipt for Merchandise Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number 7009 0960 0000 5942 2795	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	