	B. Received by (Printed Name) C. Date of Deliver C. Date of Deliver D. is delivery address different from Item 1? Yes If YES, enter delivery address below:
	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
(Transfer from service label) 7009 0960 000 PS Form 3811, February 2004 Domestic Return	4. Restricted Delivery? (Extra Fee) ☐ Yes 0 5942 3631