DER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
omplete items 1, 2, and 3. Also complete am 4 if Restricted Delivery is desired. In your name and address on the reverse that we can return the card to you. tach this card to the back of the mailpiece, on the front if space permits.	A. Signature Agent Addressee B. Received by (Pfinted Name) Date of Delivery
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