SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</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>1. Article Addressed to: 7/26/17 B.M.</li> <li>PCB 2018-002</li> <li>Everett Kauffman</li> <li>492 Grammer Road</li> <li>Caralle and also TJ 62903</li> </ul>	A. Signature  A. Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  D. Is delivery address different from item 1?  If YES, enter delivery address below:
	3. Service Type  Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery  4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7014 0510 0001 5481 1525	
PS Form 3811, July 2013 Domestic Return Receipt	