SENDER: COMPLETE THIS SEC	CTION	COMPLETE T	HIS SECTION	ON DELI	VERY
 Complete items 1, 2, and 3. Als item 4 if Restricted Delivery is d Print your name and address or so that we can return the card t Attach this card to the back of t or on the front if space permits. 	lesired. 1 the reverse 0 you.	A. Signature X ,	ad or	lân	
4000 FORES	ADOVANI AN	IUE	dress different delivery addre	from item ess below:	1? Yes
		Certified N Registered Insured Ma	Retu	D.	t for Merchandise
2. Article Number		4. Restricted Delivery? (Extra Fee)		☐ Yes	
(Transfer from service label)	7014	2870 000	1 3382	2835	
PS Form 3811, February 2004	Domestic Retu	rn Receipt			102595-02-M-1540

