

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON OSCILIEDY
 Complete items 1, 2, and 3. Also complete item 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 mailpiece, or on the front if space permits 	A. Signature X Agent A Addressee B. Received by (Printed Name) C. Date of Delivery
ALAN DIMEN 2907 PINE AVENUE BERKEEY, CA 94705	idress different from item 1? Yes delivery address below: No
	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) PS Form 3811, July 2013 Domestic Retu	0001 3244 0481