PS Form 3811, February 2004 Domestic Return Receipt	2. Article N 7011 3500 0001 5488 5530		Cincinnati, OH 45215	#24	1. Article Addressed to: Demettress Arlene Burnett 23 Towne Commons Way			 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 malipiece, or on the front if space permits. 				SENDER: COMPLETE THIS SECTION
	DE55 884	4. Restricted Delivery? (Extra Fee)	☐ Registered ☐ Insured Meil	3. Service Type		-	D. Is delivery addres	D. novervou by in	B Booking by (Drinted Name)	×	A. Signature	COMPLETE THIS S
102595-02-M-1540	10-505 SAS	ery? (Extra Fee)	☐ Express Mall ☐ Return Receipt ☐ C.O.D.			D. Is delivery address different from from 17 Lances If YES, enter delivery address below:			☐ Agent☐ Addressee		COMPLETE THIS SECTION ON DELIVERY	
	SAS	□ Yœs	Return Receipt for Merchandise C.O.D.									C Date of Delivery