## R: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY A. Signature Complete items 1, 2, and 3. Agent Print your name and address on the reverse Addressee so that we can return the card to you. C. Date of Delivery B. Received by (Printed Name) Attach this card to the back of the mailpiece, or on the front if space permits. ☐ Yes Article Addressed to: D. Is delivery address different from item 1? If YES, enter delivery address below: □ No D VOLOZOUGZ VELAZOUEZ TANYA 283603831 3. Service Type ☐ Priority Mail Express® □ Adult Signature ☐ Registered Mail™ ☐ Adult Signature Restricted Delivery □ Registered Mail Restricted 9590 9402 3463 7275 8427 59 Certified Mail® Delivery ☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise □ Collect on Delivery ☐ Signature Confirmation™ □ Collect on Delivery Restricted Delivery 2. Article Number (Transfer from service label) □ Signature Confirmation Insured Mail 7016 3010 2833 Restricted Delivery Insured Mail Restricted Delivery (over \$500) PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt