

-100 30 COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature Complete items 1, 2, and 3. Agent Print your name and address on the reverse Addresse so that we can return the card to you. B. Received by (Printed Name) C. Date of Deliver Attach this card to the back of the mailpiece, 6 Sut Cross 114 1 or on the front if space permits. D. Is delivery address different from item 1? Yes 1. Article Addressed to: North Star Turquoister 301 Lake Dr. 10 8 00 Florissant, Lo SUSILON 3 Service Type Priority Mail Express®
Registered Mail[™] Adult Signature Restricted Delivery
Certified Mail®
Certified Mail Restricted Delivery Registered Mail Restrict Delivery
Return Receipt for Merchandise 9590 9403 0227 5146 4976 17 Collect on Delivery Collect on Delivery Collect on Delivery Restricted Delivery Signature Confirmation
Signature Confirmation 2. Article Number (Transfer from service label) Insured Mail Insured Mail Insured Mail Restricted Delivery (over \$500) 7015 1520 0000 2488 0074 **Restricted Delivery** PS Form 3811, April 2015 PSN 7530-02-000-9053 **Domestic Return Receipt**