SENDER: COMPLETE THIS SECTION	MC – 2004 – 0388 complete this section on delivery
 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. Article Addressed to: 	A. Signature X
Four Seasons Housing, Inc. Legal Department CSC-Lawyers Incorporating Service Co. 221 Bolivar Street	D. Is delivery address different from item 1?

4. Restricted Delivery? (Extra Fee) 2. Article Number

☐ Insured Mail C.O.D. ☐ Yes

7005 0390 0003 2881 2938 (Transfer from service label) PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540 :

