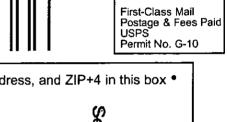
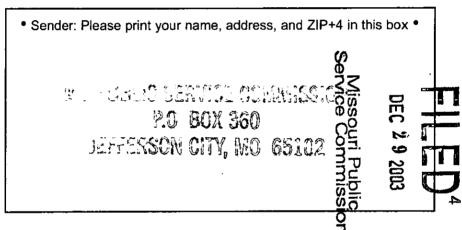
·	TC-04-0237
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this-card to the back of the mailpiece, or on the front if space permits. 	A. Signature X Agent Addressee B. Received by (Printed Name) C. Date of Delivery 2-20 D. Is delivery address different from item 1? Yes
1. Artigle Addressed to: Jegal Dept. EZ Jalk Communication	If YES, enter delivery address below:
Stafford, JX	3. Service Type Certified Mail Registered Return Receipt for Merchandise C.O.D.
77477	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7099 3 120 0009 3699 69 85	
PS Form 3811, August 2001 Domestic Ret	urn Receipt 102595-01-M-2509
<u></u>	

UNITED STATES POSTAL SERVICE





hlimbhadtlianddliandhdladiadiadiadiadi