SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> <li>Warring Addressed to:</li> <li>433331 20844 St</li> </ul>	A. Signature  Agent Addressee  B. Received by Ainted Name)  C. Date of Delivery  25  D. Is delivery address different from item 1? Yes If YES, enter delivery address below:  No  JUL 27 2017	
De Smet 80	3. Service Type  Certified III LITES COMMISSION  Registered Return Receipt for Merchandise  Insured Mail C.O.D.	
2173	4. Restricted Delivery? (Extra Fee)	
2. Article Number 7007 0710	0000 8014 8908	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

8908	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
9	For delivery information visit our website at www.usps.com⊕		
<b>±</b>	OFF	ICIAL	. USE
8014	Postage	\$	
0000	Certified Fee  Return Receipt Fee (Endorsement Required)		Postmark Here
	Restricted Delivery Fee (Endorsement Required)		
0770	Total Postage & Fees	\$	
7007	Street, Apt. No.; or PO Box No.		
City, State, ZIP+4 Do Sme			
	PS Form 3800, August 2006 See Reverse for Instructions		