

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  
*A Daniel*  Addressee

B. Received by (Printed Name) *A Daniel* C. Date of Delivery *1-7*

D. Is delivery address different from item #1?  Yes  
If YES, enter delivery address below:  No

3. Service type *TC07-130*  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

Number  
(from service label)

7005 3110 0000 3560 5691