SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3.	A. Signature
Print your name and address on the reverse so that we can return the card to you.	X Addressee
 Attach this card to the back of the mailpiece, or on the front if space permits. 	B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to: BENGSZESKI, STEVE + MARKY NUMBER OF PLACE 1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
NIIGHT CAJROC Temahyun, WI SYY89	
	3. Service Type ☐ Priority Mail Express® ✓ Adult Signature ☐ Registered Mail™
	Adult Signature Restricted Delivery Registered Mail Restricted Delivery
9590 9402 6224 0265 4010 39	Certified Mail Restricted Delivery ☐ Signature Confirmation ☐ Signature Confirmation
2. Article Number (Transfer from service label) 7020 3160 0000 000 7899	□ Collect on Delivery Restricted Delivery □ Insured Mail □ Insured Mail Restricted Delivery (over \$500)
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

USPS TRACKING#





First-Class Mail Postage & Fees Paid USPS Permit No. G-10

9590 9402 6224 0265 4010 39

United States Postal Service

Sender: Please print your name, address, and ZIP+4® in this box

100 Schliff Are Phinefunda, WI SYSOI

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