	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
V	 Complete items 1, 2, and 3. 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. 1. Article Addressed to: Saul Rodriguez Sanchez 2909 Hamilton Avenue Racine, W1 53403-3244 	A. Signature X. Cau Round of Agent Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
	9590 9402 7563 2098 3244 65 2. Article Number (Transfer from service label) 7011 3500 0000 1940 31.52	3. Service Type
	PS Form 3811, July 2020 PSN 7530-02-000-9053	(over \$500) Domestic Return Receipt

SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY A. Signature Complete items 1, 2, and 3. Agent Addressee Print your name and address on the reverse so that we can return the card to you. B. Received by (Printed Name) Attach this card to the back of the mailpiece, or on the front if space permits. D. Is delivery address different from item 1? If YES, enter delivery address below: 1. Article Addressed to: Saul Rodriguez Sanchez 2909 Hamilton Avenue No Racine, W1 53403-3244 3. Service Type ☐ Priority Mail Express® ☐ Registered Mail™ Service type Adult Signature Adult Signature Restricted Delivery Certified Mail® Certified Mail Restricted Delivery Registered Mail Restricte Delivery 9590 9402 7563 2098 3249 53 ☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery ☐ Collect on Delivery Collect on Delivery Restricted Delivery 2. Article Number (Transfer from service label) Insured Mail Restricted Delivery (over \$500) : 7011 3500 0000 1940 3169 PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt