

**SENDER: COMPLETE THIS SECTION**

- 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.

## 1. Article Addressed to:

Nina Harawa  
339 E. Hillside St.  
Inglewood, CA 90302

2. Article Number  
(Transfer from service label)

7017 3380 0000 4389 7417

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1544

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Nina Harawa*

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

## 3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes