SEND: 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. Hillsdale St.
Inglewood, CA 90302

2. Article Number
   (Transfer from service label)

   7017 3380 0000 4389 7417

3. Service Type
   - Certified Mail
   - Registered
   - Insured Mail
   - Express Mail
   - Return Receipt for Merchandise
   - C.O.D.

4. Restricted Delivery? (Extra Fee)  □ Yes

COMPLETE THIS SECTION ON DELIVERY

A. Signature
   [Signature]

B. Received by (Printed Name)
   [Name]

C. Date of Delivery
   [Date]

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

PS Form 3811, February 2004
Domestic Return Receipt