SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIV	'ERY
 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 mallplece, or on the front if space permits. 	A. Signature X	☐ Agent ☐ Addressee
	B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to:	 D. Is delivery address different from item If YES, enter delivery address below; 	
Michael Wilson 1024 42nd Ave		
Inglewood, CA 90303	3. Service Type	antononopytoutlautourononynynyn antonoffin de _{anton} Nyn yn antononoffin dan an yn antononyn
	Certified Mail Express Mail Registered Return Recei	pt for Merchandise
s and the second s	4. Restricted Delivery? (Extra Fee)	C Yes
2. Article Number (Transfer from service label) 7017 2970 0001 4526 2760		
PS Form 3811, February 2004 Domestic Ret	urn Receipt	102595-02-M-1540

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
 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. 	A. Signature	
	B. Received by (Printed Name) C. Date of Delivery	
1. Article Addressed to:	D. Is delivery address different from item 1? D Yes If YES, enter delivery address below: D No	
Alicia Arango 10239 Darby Ave. #3		
Inglewood, CA	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail	
······································	4. Restricted Delivery? (Extra Fee) U Yes	
2. Article Number (Transfer from service label) 701-9	2970 0001 4526 2647	
PS Form 3811, February 2004 Domestic R	etum Receipt 102595-02-M-1540	