PS Form 3811, February 2004 Domestic Re	2. Article Number (Transfer from service label) フロロフ ロフユ	Clayton, MO 63105	<ul> <li>SENDER: COMPLETE THIS SECTION</li> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> </ul>
Domestic Return Receipt 102595-02-M-1540	νασγ στα στο στο στο στο στο	<ul> <li>3. Service Type</li> <li>3. Service Type</li> <li>Certified Mail</li> <li>Express Mail</li> <li>Registered</li> <li>Return Receipt for Merchandise</li> <li>insured Mail</li> <li>C.O.D.</li> <li>4. Restricted Delivery? (Extra Fee)</li> <li>Yes</li> </ul>	IC-2008-0.346       C.A.3108         COMPLETE THIS SECTION ON DELIVERY         A. Signature         X       Image: Complete the second

