

labillaahhabbalahball

A STATE OF THE STA	1
ENDER: 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	A. Signature Agent Addressee
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.	B. Received by (Printed-Name) C. Date of Delivery D. Is delivery address different from item 12 Yes
Article Addressed to:	D. Is delivery address different from itemf1? Yes If YES, enter delivery address below: No
Verizon Business	ŧ
RTE 120 494 Roxbury Pond Rd.	
Andover, Me 042167	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
. Article Number (Transfer from service 7007 3560 000) 6093 5010 .	
S Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540

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