DG-19088 DEMAIN IID SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. ■ 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 malpiece. V or on the front if space permits RDS MANA	A. Signature X
DEC 1 2 20 STATE OF WARD DDB, LLC 6103 Balsam Ct. West Richland WA 99353	2019 15
9590 9402 3786 8032 3168 32 2. Article Number (Transfer from service label) 7016 1370 0000 0967 1501	3. Service Type
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt