-	TE-170293 Letter 4 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 mailpiece, or on the front if space permits. 	A. Signature Agent Addressee B. Received by (Printed Name) C. Date of Delivery Control of Cont
	1. Article Addressed to: Can't Stop Moving, LLC 19114 49th PI W	D. Is delivery address different from item 1? If YES, enter delivery address below: No
	2. Article Number (<i>Transfer from service label</i>)	3. Service Type
	PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt