TV-190694 Payment Arranger	nent 9/18/19 RC-CN
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3.	A. Signature
Print your name and address on the reverse so that we can return the card to you.	X Agent Addressee
Attach this card to the back of the mailpiece, or on the front if space permits.	Breceived by (Printed Name), C. Date of Delivery Jack Stewart 9-20-19
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ You
	and the second second
Iron Man Movers and Storage Inc.	Time ban
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9590 9402 3786 8032 3157 43 2. Article Number (<i>Transfer from service label</i>) 7 0 1 5 1 7 3 0 0 0 0 6 0 0 2 6 4 4 8	3. Service Type
	(over \$500)
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt