TU-180844 ONDER OD SENDER: COMPLETE THIS SECTION	(2-28-18 25-12-C
 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 X Agent Addressee B. Received by (Printed Name) C. Date of Delivery 12-31-201
Article Addressed to: Artur Dubonosov	D. Is delivery address different from item 1? If YES, enter delivery address below: No
12605 East Gibson Road, Unit 37 Everett, WA 98204	3. Service Type ☐ Priority Mail Express® ☐ Registered Mail™
9590 9402 1824 6104 1847 42 2. Article Number (Transfer from service label)	□ Adult Signature Restricted Delivery Certified Mail® □ Certified Mail® □ Collect on Delivery □ Collect on Delivery □ Collect on Delivery □ Signature Confirmation □ Signature Confirmation
7015 0920 0001 8188 9605 PS Form 3811, July 2015 PSN 7530-02-000-9053	☐ Insured Mail Restricted Delivery (over \$500) Domestic Return Receipt