TH-190073 Order DI	4-16-19 RC-RS
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 Preceived by (Printed Name) C. Date of Delivery Lava William 12 Yes
Renzenberger, Inc. 14325 W 95th St.	If YES, enter delivery address below:
9590 9402 1824 6104 1846 81	3. Service Type ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
2. Article Number (Transfer from service lebel) 7015 0920 0001 8188 9827	☐ Insured Mail Restricted Delivery (over \$500) ☐ Signature Confirma Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt