TV180772 Cetter	15-18 le-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 B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
Full House Movers Inc. 2917 Brookspark Dr. N. Las Vegas, NV 89030	2018 NOV
9590 9402 3786 8032 1870 67	3. Service Type ☐ Priority Mail Express®☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail®☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery ☐ Signature Confirmation™
2. Article Number (Transfer from service label) 7015 1730 0000 6005 395	Signature Confirmation
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receip'