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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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 A Received by (Printed Name) G. Date of Delivery A Signature Addressee A Agent Addressee A Addressee Addressee A Addressee Addressee A Addressee A Addressee Addressee A A A Addressee A A A A A A A A A A A A A A A A A A
1. Article Addressed to: BCID-0350-PAA-TT	D. is delivery address different from item 1? If Yes If YES, enter delivery address below: I No
CA Affinity % Compliance Solutions, Inc. 740 Florida Central Parkway, # 2028 Longwood FL 32750-7653	3. Service Type Gerifiled Mail
	☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7006 (Transfer from service label)	2760 0003 8796 7998
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