OPIGINAL DIDIBY-TX

1017-5C

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also compitem 4 if Restricted Delivery is desired. Print your name and address on the revenue. 	4	A. Received by (Please Print Clearity) B. Date of Delivery
 so that we can return the card to you. Attach this card to the back of the mail or on the front if space permits. 	piece,	C. Signature Agent B Addressee
Article Addressed to:		D. Is delivery address different from item ?? Yes If YES, enter delivery address below: No
Priority Link P. O. Box 910773 Dallas TX 75391-0773		010/34-TX
		press Mail sturn Receipt for Merchandise O.D.
		a Fee) ☐ Yes
2. Article Number (Copy from service label) 7000 0600 0026	4144	<i>3423</i>
PS Form 3811, July 1999	Domestic Retu	urn Receipt 102595-00-M-0952

APP .	
CAF	
CMP	
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DOCUMENT NUMBER-DAT

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