ORIGINAL 070351-TX

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 X Agent Addressee B. Received by (Finted Name) C. Date of Delivery D. Is delivery address different from item 1? Yes
1. Article Addressed to: 1035/ATX	If YES, enter delivery address below:
Global NAPS, Inc. 89 Access Road, Suite B Norwood MA 02062-5232	
•	3. Service Type
	Certified Mail Express Mail
	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
13C-07-0547A-PAA-TX	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7 0 0 5 3 1 1 0 0 0 0 2 8 8 0 6 6 4 8 5	
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540

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