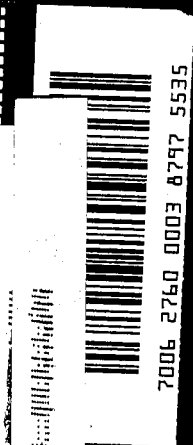
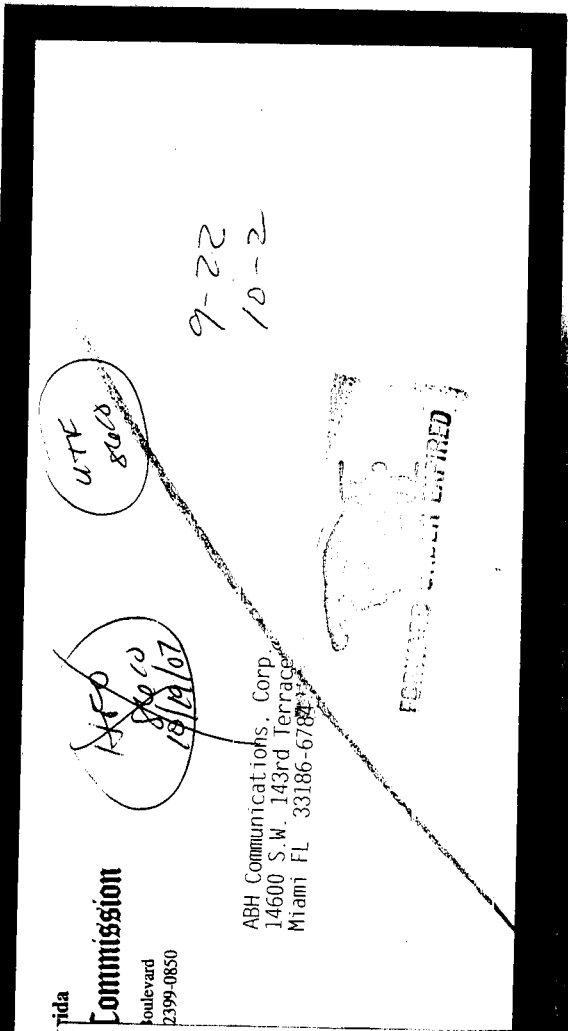


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- Complete items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
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2. Article Number  
(Transfer from serv. 7006 2760 0003 8797 5535)

PS Form 3811, February 2004

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B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

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