

| Domestic Return Receipt  | PS Form 3811, April 2015 PSN 7530-02-000-9053   |
|--|---|
| ☐ Insured Mail ☐ Insured Mail Restricted Delivery ☐ Insured Soon Restricted Delivery ☐ Insured Mail Restricted Delivery ☐ Insured Mail Restricted Delivery   | 2. Article Number (Transfer from service label) File: W-01539A-17-0060                        |
| 3. Service Type  Adult Signature  Adult Signature Restricted Delivery  Certified Mail®  Certified Mail Restricted Delivery  Collect on Delivery Restricted Delivery  Collect on Delivery Restricted Delivery  Collect on Delivery Restricted Delivery  Signature Confirmation Type  Collect on Delivery Restricted Delivery Signature Confirmation Type  Collect on Delivery Restricted Delivery Signature Confirmation Type  Collect on Delivery Restricted Delivery Signature Confirmation Type  Collect on Delivery Restricted Delivery Signature Confirmation Type  Collect on Delivery Restricted Delivery Signature Confirmation Type  Collect on Delivery Restricted Delivery Signature Confirmation Type  Collect on Delivery Restricted Delivery Signature Confirmation Type  Collect on Delivery Restricted Delivery Signature Confirmation Type  Collect on Delivery Restricted Delivery Signature Confirmation Type  Collect on Delivery Restricted Delivery Signature Confirmation Type  Collect on Delivery Restricted Delivery Signature Confirmation Type  Collect on Delivery Restricted Delivery Signature Confirmation Type  Collect on Delivery Signature Confirmation Type  Conf | 41242U17 2:41 FM  |
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|  | Lawrence Robertson, Jr.<br>210 Continental Road, Suite 216A<br>Green Valley, AZ 85622         |
| D. is delivery address different from item 1? Yes If YES enter delivery address below: No  | 1. Article Addressed to:  |
| B. Received by (Plynted Name) C. Date of Delivery  WATTOOUT 4271   | ■ Attach Dh.S. cledification betallion Dh.B.Dhailipi 5-25,4 or on the front if space permits. |
| x Karly Matter Bagent Addressee  |   |
| COMPLETE THIS SECTION ON DELIVERY  | SENDER: COMPLETE THIS SECTION   |