SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  2 4 0 3  C. Signature  Addressee  Addressee
1. Article Addressed to: Bob Ahmadi	D. Is delivery address different from item 1? Yes If YES, enter-delivery address below: No OCD-HW-03-6026
Photographic Weste Control	BK C
1943 High St	3. Service Type  Certified Mail   Express Mail
	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
Longwood H 32750	4. Restricted Delivery? (Extra Fee)
2. Article Number 7001 2510 0002 4340 9527	
PS Form'38/11, July 1999	