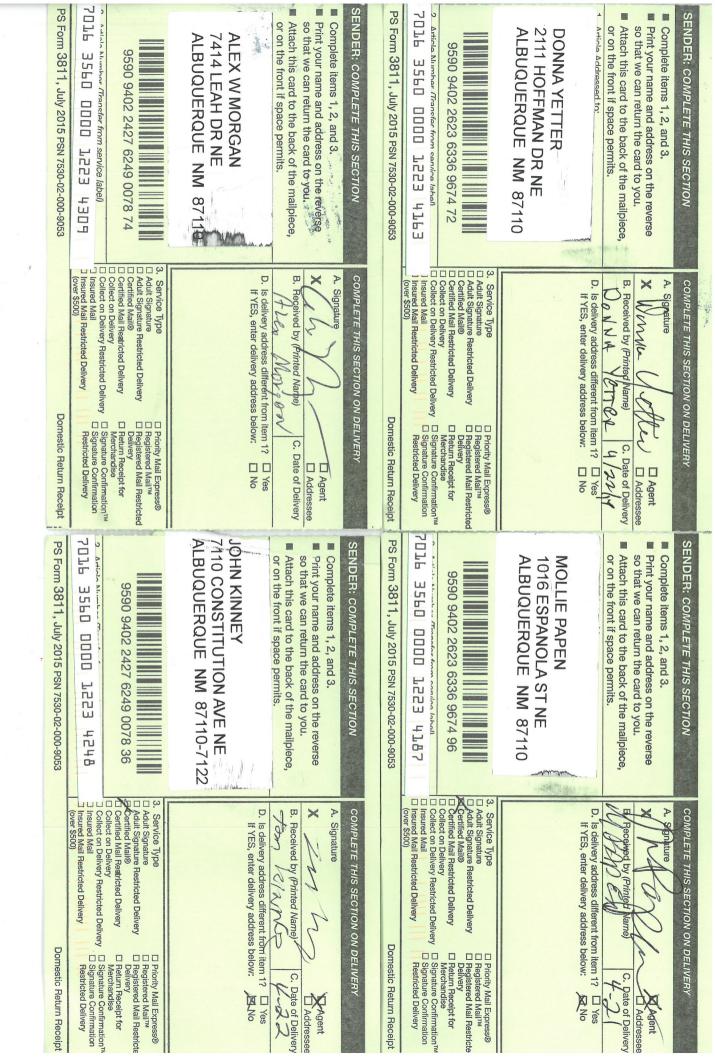


orm 3811, July 2015 PSN 7530-02-000-9053	9590 9402 2623 6336 9674 89 Article Number (Transfer from service label)	ELISSA M DENTE 2100 ALVARODO NE ALBUQUERQUE NM 87110	1. Article Addressed to:	 Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	SENDER: COMPLETE THIS SECTION	PS Form 3811, July 2015 PSN 7530-02-000-9053	2 Article Number (Transfer from service label) 70146 3560 0000 1223 4170	02		CINDY GRIESMEYER 909 SAN PABLO ST NE ALBUQUERQUE NM 87110		 Complete items 1, 2, and 3. 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. 	SENDER: COMPLETE THIS SECTION
Domestic Return Receipt	3. Service Type □ Priority Mail Express® □ Aduit Signature Restricted Delivery □ Registered Mail™ □ Aduit Signature Restricted Delivery □ Registered Mail Restricted Delivery □ Certified Mail® □ Resture Restricted Delivery □ Collect on Delivery □ Return Receipt for □ Collect on Delivery □ Signature Confirmation™ □ Insured Mail □ Signature Confirmation™ □ Insured Mail □ Signature Confirmation™		D. Is delivery address different from item 1? Ves (If YES, enter delivery address below: No	A. Signature	COMPLETE THIS SECTION ON DELIVERY	Dollarse branch	Insured Mail Insured Mail Restricted Delivery (over \$500)	L Adult Signature Hestricted Delivery Legetrified Mail Certified Ce	Service Type Adult Signature Definition Definition Definition Definition Definition Definition Definition Definition		If YES, enter delivery address below: 📈 No		COMPLETE THIS SECTION ON DELIVERY
PS Form 3811, July 2015 PSN 7530-02-000-9053	9590 9402 2427 6249 0078 67 2. Article Number (Transfer from service label) 7 ロルト 35トロ ロロロロ ルニニョ サニア マ	ERIC OLIVAS 2708 VALENCIA DR NE ALBUQUERQUE NM 87110		 Complete items 1, 2, and 3. 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 mailplece, or on the front if space permits. 	SENDER: COMPLETE THIS SECTION	PS Form 3811, February 2004 Domestic Re		7012 0920 0001 1292 5796	ALBUQUERQUE NM 87110	DARCY BUSHNELL	1. Article Addressed to:	 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. 	SENDER: COMPLETE THIS SECTION
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	VIRGINIA KINNEY 7110-CONSTITUTION AVE NE ALBUQUERQUE NM 87110-7122		LAURA GARCIA 1404 KATIE ST NE ALBUQUERQUE NM 87110
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	 Complete items 1, 2, and 3. 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. 	B. Received by (Printed Name) C. Date of Delivery	 Complete items 1, 2, and 3. 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.
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	ROBERT LAH 2901 MESILLA ST NE ALBUQUERQUE NM 87110		DAVID HAUGHAWOUT 2824 CHAMA ST NE ALBUQUERQUE NM 87110
item 1	 Article Addressed to: 	Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
A. Signature X JUUUUUU B. Received by (Printed Name) C. Date of Delivery C. Date of Delivery C. Date of Delivery		A. dignature X Agent Received by (Printed Name) C. Date of Delivery	 Complete items 1, 2, and 3. 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.
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PS Form 3811, April 2015 PSN 7530-02-000-9053	9590 9403 0608 5183 3699 61 7015 0920 0001 1595 5819	JAMES SUNDSMO 7501 PROSPECT AVE NE ALBUQUERQUE NM 87110	 Complete items 1, 2, and 3. 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. 	SENDER: COMPLETE THIS SECTION	PS Form 3811, April 2015 PSN 7530-02-000-9053	7016 3560 0000 1223 4316	9590 9403 0608 5183 3693 50	JAMES SUNDSMO 7501 PROSPECT AVE NE ALBUQUERQUE NM 87110	 SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. 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.
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PS Form 3811, April 2015 PSN 7530-02-000-9053	9590 9403 0608 5183 3698 86	ERIC OLIVAS 2708 VALENCIA DR NE ALBUQUERQUE NM 87110	 Complete items 1, 2, and 3. 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. 	SENDER: COMPLETE THIS SECTION	PS Form 3811, April 2015 PSN 7530-02-000-9053	2. Article Number (Transfer from service labor) 701,5 0640 0003 6629 2357	9590 9403 0608 5183 3693 05	1. Article Addressed to: INTERNAL REVENUE SERVILLE PO BOX 7704 SAN FRANCISCO, CA MANAGE 94120 - 7704	 SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. 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, 6 or on the front if space permits.
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PS Form 3811, February 2004 Domestic Return Receipt	2 7005 1820 0001 2728 8'	2824 CHAMA ST NE ALBUQUERQUE NM 87110	DAVID HAUGHAWOUT	1. Article Addressed to:	 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. 	SENDER: COMPLETE THIS SECTION	PS Form 3811, April 2015 PSN 7530-02-000-9053	11	Added of the occord of the occord of		GINDY GRIESMEYER 909 SAN PABLO ST NE ALBUQUERQUE NM 87110		 Complete items 1, 2, and 3. 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. Article Addressed to: 	SENDER: COMPLETE THIS SECTION
urn Receipt 102595-02-M-1540		3. Service Type 3. Service Type Certified Mail Express Mail Registered Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes		 D. Is delivery address different from item 1?		COMPLETE THIS SECTION ON DELIVERY	Domestic Return Receipt		<	Service Type Adult Signature Adult Signature Restricted Delivery Chartified Mail® Contrided Mail® Contrided Mail® Contrided Mail®			A. Signature X (which with a March	
0	7005 1820 0001 2728 8890	9403 0608 5183 3699 78	NOREEN BLADERGROEN 1201 CALIFORNIA ST NE ALBUQUERQUE NM 87110	1	 Complete items 1, 2, and 3. 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. 	SENDER: COMPLETE THIS SECTION	PS Form 3811, February 2004 Domestic Return Receipt	2. 2015 0500 0500 2107 58		ALBUQUERQUE NM 87110	ELISSA M DENTE	1. Article Addressed to:	 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. 	SENDER: COMPLETE THIS SECTION
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PS Form 3811, April 2015 PSN 7530-02-000-9053	9590 9403 0608 5183 3699 47 ^ Addition Number (Transfer from service label) 7015 0920 0001 1595 5833	VIRGINIA KINNEY 7110 CONSTITUTION AVE NE ALBUQUERQUE NM 87110=2122	 Complete items 1, 2, and 3. 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. 	SENDER. COMPLETE THIS SECTION	PS Form 3811, April 2015 PSN 7530-02-000-9053	9590 9403 0608 5183 3700 04 7005 1820 0001 2728 8937	DONNA YETTER 2111 HOFFMAN DR NE ALBUQUERQUE NM 87110	 SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. 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.
Domestic Return Receipt	3. Service Type Priority Mall Express® Adult Signature Restricted Delivery Registered Mail TM Adult Signature Restricted Delivery Registered Mail Restricted Scertified Mail® Delivery Collect on Delivery Return Receipt for Collect on Delivery Signature Confirmation TM Insured Mail Signature Confirmation Insured Mail Delivery Signature Confirmation Signature Confirmation	D. Is delivery addree If YES, enter deli		COMPLETE THIS SECTION ON DELIVERY	Domestic Return Receipt	3. Service Type Adult Signature Restricted Delivery Certified Mail Restricted Delivery Certified Mail Restricted Delivery Certified Mail Restricted Delivery Collect on Delivery Restricted Delivery Collect on Delivery Signature Confirmation [™] Insured Mail Restricted Delivery Signature Confirmation Insured Mail Restricted Delivery Restricted Delivery	If YES, enter delivery address below: ☐ No If YES, enter delivery address below: ☐ No	
PS Form 3811, April 2015 PSN 7530-02-000-9053	9590 9403 0608 5183 3699 30 ^ Attich Number (Transfer from service label) 70115 0920 0001 1595 5840	JOHN KINNEY 7110 CONSTITUTION AVE N ALBUQUERQUE NM 87110-7122	 Complete items 1, 2, and 3. 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. 	SENDER: COMPLETE THIS SECTION	PS Form 3811, April 2015 PSN 7530-02-000-9053	9590,9403 0608 5183 3698 93 7 Athon Number Transfer for 155 5888	LARA GARCIA 1404 KATIE ST NE ALBUQUERQUE NM 87140	 SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. 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.
Domestic Return Receipt	Service Type Priority Mail Express® Adult Signature Restricted Delivery Registered Mail ¹⁷⁸ Adult Signature Restricted Delivery Registered Mail Restricter Certified Mail® Restricted Delivery Collect on Delivery Retricted Delivery Collect on Delivery Signature Confirmation TM Insured Mail Signature Confirmation Insured Mail Restricted Delivery Signature Confirmation Signature Confirmation	D. Is delivery address different from them 1? L. Yes If YES, enter delivery address below: XNo	A. Signature X March Status B. Received by (Printed Name) Hom X INNCY 4-2(COMPLETE THIS SECTION ON DELIVERY	Domestic Return Receipt	3. Service Type 3. Service Type Gertified Mail® Certified Mail® Certified Mail® Collect on Delivery Collect on Delivery Restricted Delivery Collect on Delivery Restricted Delivery Collect on Delivery Restricted Delivery Signature Confirmation TM Signature Confirmation sured Mail Restricted Delivery	De, Is delivery address different from item 1? LI Yes If YES, enter delivery address below: P No	MPLETE THIS SECTION ON DELIVERY