ENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIV		LIVERY
■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse	A. Signature	☐ Agent☐ Addressee
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
. Article Addressed to: JACOB J. LEW, SECRETARY of the	D. Is delivery address different from Item 1? Yes If YES enter-delivery address below No	
TREASURY, FLOUCIARY	FEB 1 3 2017	
Washington, DC zozzo	FRP 607	
9590 9402 2436 6249 3191 42	3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery	☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricte Delivery ☐ Return Receipt for Merchandise ☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery
2. Article Number (Transfer from service label) RA 393 427 640 US	Battletod Dollyon	