DER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Signature X. Agent Addr B. Received by (Printed Name) C. Date of Delivery address different from item 17 If YES, enter delivery address below: MAR 2 7 2019
CHAUDHARY JAWEED CNLY GAS ALONE INC 02 NH 108 OMERSWORTH NH 03878	3. Service Type Certified Mail
Article 1 them 10 6 7017 2680 000	O 0644 9219
Ary 2004 Domestic Ret	rurn Receipt 102599