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OFFICIAL USE

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- Extra Services & Fees (check box, add fee as appropriate)
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- Certified Mail Restricted Delivery \$ _____
- Adult Signature Required \$ _____
- Adult Signature Restricted Delivery \$ _____

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City, State, ZIP+4® _____

PS Form 3800, April 2015 PSN 7530-02-000-9007

See Reverse for Instructions



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