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U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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Certified Mail Fee \$ _____

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Adult Signature Restricted Delivery \$ _____

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2/6

Total Postage and Fees \$ _____

Sent To _____

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City, State, ZIP+4® _____

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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CERTIFIED MAIL



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Dose Maz
PO Box 64047
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