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CERTIFIED MAIL® RECEIPT**  
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**OFFICIAL USE**

Certified Mail Fee \$ \_\_\_\_\_

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ \_\_\_\_\_

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Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

Total Postage and Fees \$ \_\_\_\_\_

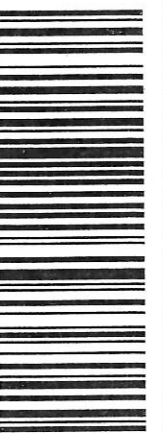
Sent To \_\_\_\_\_

Street and Apt. No., or PO Box No. *SHUTTLE - 190672*

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