

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- 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.

1. Sophia Torres  
3141 S. 77<sup>th</sup> Street  
FN 190107, Number #125  
West Allis, WI 53219



9590 9402 4964 9063 4799 26

2. Article # (for from service label)

7018 2290 0000 6497 5842

PS Form 3811, July 2015 PSN 7530-02-000-9000

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Sophia Torres*

- Agent
- Addressee

B. Received by (Printed Name)

S. Torres

C. Date of Delivery

7-11-19

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt