	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
	 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. Article Addressed to: 	A. Signature Agent Addresse B. Received by (Printed Name) C. Date of Delivery Compared the printed Name C
	AT&T Services Inc., PO BOX 5070 Carol Stream IL 60197-5070	(S NOV 7 2025) P)
	9590 9402 9627 5121 4354 12 2. Article Number (Transfer from service label) 9589 0710 5270 2722 8192 57	3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Signature Confirmation Restricted Delivery ☐ Signature Confirmation
1	PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. Article Addressed to: 	A. Signature X
AT&T Services Inc., PO BOX 5070 Carol Stream IL 60197-5070	(3 (NOV 7 2025)
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PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receip