COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature ■ Complete items 1, 2, and 3. Agent Address ■ Print your name and address on the reverse Date of Delivery so that we can return the card to you. B. Received by (Printed Name) ■ Attach this card to the back of the mailpiece, or on the front if space permits. D. Is delivery address different from item 1? If YES, enter delivery address below: 1. Article Addressed to: Debra Dem □ Priority Mail Express®
 □ Registered Mail™
 □ Registered Mail Restricted Delivery
 □ Return Receipt for Merchandise
 □ Signature Confirmation™
 □ Signature Confirmation Restricted Delivery 3. Service Type □ Adult Signature
 □ Adult Signature Restricted Delivery
 ☑ Certified Mail®
 □ Certified Mail Restricted Delivery
 □ Collect on Delivery 9590 9402 2799 7069 1572 31 Transfer from service label) ☐ Insured Mail

ed Mail Restricted Delivery

\$500) 7017 1450 0000 7569 6150 Domestic Return Receipt PS Form 3811, July 2015 PSN 7530-02-000-9053

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