COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature ■ Complete items 1, 2, and 3. Agent Print your name and address on the reverse so that we can return the card to you. ☐ Addressee C. Date of Delivery B. Received by (Printed Name) Attach this card to the back of the mailpiece, or on the front if space permits. 5-7-20 D. Is delivery address different from item 1? ☐ Yes 1. Article Addressed to: If YES, enter delivery address below: David Novshall 2635 N. 130E ☐ 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 4964 9063 4828 89 ☐ Collect on Delivery Restricted Delivery Autiala Number (Transfer from service label) Mail il Restricted Delivery 7018 2290 0000 6497 Domestic Return Receipt PS Form 3811, July 2015 PSN 7530-02-000-9053