

COMPLETE THIS SECTION

Complete items 1, 2, and 3.
 Write your name and address on the reverse
 so we can return the card to you.
 Attach this card to the back of the mailpiece,
 on the front if space permits.

Addressed to:

th Kingsby
 Atkinson Ave
 53209



9 2152 0935 40

(from service label)

0135 9974

PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

Kenneth Kingsby 7-5-24

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
 (over \$500)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted
 Delivery

☐ Signature Confirmation™

☐ Signature Confirmation
 Restricted Delivery

Domestic Return Receipt