

251517

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. Article Addressed to:

Amit Ray
3840 South Lake Drive
St Francis, WI 54235



9590 9402 6805 1074 6948 26

2. Article Number (Transfer from service label)

7021 0950 0002 1564 4936

COMPLETE THIS SECTION ON DELIVERY

A. Signature

intly

Agent
 Addressee

B. Received by (Printed Name)

12/20/25
C. Date of Delivery

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

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Restricted Delivery
Mail	
	Mail Restricted Delivery
	(100)

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt