

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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OFFICIAL USE

Certified Mail Fee

\$ _____
Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$ _____
- Return Receipt (electronic) \$ _____
- Certified Mail Restricted Delivery \$ _____
- Adult Signature Required \$ _____
- Adult Signature Restricted Delivery \$ _____

Postage

\$ _____
Total Postage and Fees

Sent To SA Griffiths 200254
Street and Apt. No., or PO Box No.
City, State, ZIP+4®

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02/11/20

9589 0710 2222 8190 80
2222 5270 2720

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

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- Adult Signature Required \$ _____
- Adult Signature Restricted Delivery \$ _____

Postage

\$ _____
Total Postage and Fees

Sent To Andy and Cari Siriani 200254
Street and Apt. No., or PO Box No.
City, State, ZIP+4®

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