Postal Service[™] COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION TIFIED MAIL® RECEIPT tic Mail Only Complete items 1, 2, and 3. Agent Print your name and address on the reverse ☐ Addressee so that we can return the card to you. C. Date, of Deliyery B. Received by (Printed Name Attach this card to the back of the mailpiece, Vavid Urittil or on the front if space permits. 1. Article Addressed to: D. Is delivery address different from item 1? '☐ Yes es & Fees (check box, add fee as appropriate, If YES, enter delivery address below: No No ceipt (hardcopy) ceipt (electronic) Postmark Mall Restricted Delivery ature Required ature Restricted Delivery \$ ge and Fees Service Type ☐ Priority Mail Express® ☐ Adult Signature
☐ Adult Signature Restricted Delivery ☐ Registered Mail[™]☐ Registered Mail Restricted Certified Mail® Delivery

Return Receipt for Merchandise ☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
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☐ Collect on Delivery 9590 9402 3170 7166 3117 25 ☐ Signature Confirmation™ 2. Article Number (Transfer from service labor) Signature Confirmation (over \$500) Restricted Delivery 7017 1450 0000 7569 5665 Restricted Delivery PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt ostal Service[™] COMPLETE THIS SECTION ON DELIVERY **SENDER: COMPLETE THIS SECTION** IFIED MAIL® RECEIPT : Mail Only Complete items 1, 2, and 3. ☐ Agent Print your name and address on the reverse ☐ Addressee so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, David Griffith 4-10-18 or on the front if space permits. 1. Article Addressed to: & Fees (check box, add fee as appropriate) If YES, enter delivery address below: pt (hardcopy) Postmark pt (electronic) Restricted Delivery re Required re Restricted Delivery \$ and Fees 3. Service Type ☐ Priority Mail Express® ☐ Adult Signature
☐ Adult Signature Restricted Delivery ☐ Registered Mail™ Registered Mail Restricted Delivery
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Certified Mail Restricted Delivery No., or PO Box No 9590 9402 3170 7166 3116 26 ☐ Collect on Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation™
☐ Signature Confirmation 2. Article Number (Transfer from service label) Insured Mail

Insured Mail Restricted Delivery 7017 1450 0000 7569 5290 Restricted Delivery PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. □ Agent Print your name and address on the reverse Addressee so that we can return the card to you. C. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: D. Is delivery address different from item 1? \(\square\) If YES, enter delivery address below: ENO 81 South Show Pr Service Type ☐ Priority Mail Express® ☐ Registered Mail™ ☐ Adult Signature
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