190356 COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION Signature ■ 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, PATRICK R JONES 6.13.19 or on the front if space permits. D. Is delivery address different from item 1? ☐ Yes 1. Article Addressed to: If YES, enter delivery address below: ACI No ☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation
☐ Postricted Delivery 3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery 9590 9402 3238 7196 5936 37 ☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ I Restricted Delivery 2. Article Number (Transfer from service label) Restricted Delivery 7018 2290 0000 6497 5866 Domestic Return Receipt PS Form 3811, July 2015 PSN 7530-02-000-9053