


199 191 872 - Address

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|---|--|
| <ul style="list-style-type: none"> ■ 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. | <p>A. Signature <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center; margin-right: 5px;">X</div> <div style="flex-grow: 1;">M. Johnson</div> <div style="margin-left: 10px;"> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee </div> </div> </p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> |
| <p>1. Article Addressed to:</p> <p style="font-size: 1.2em; margin-left: 20px;">Anna Timms</p> <p style="margin-left: 20px;">2665 N Lake Dr</p> <p style="margin-left: 20px;">Milw WI 53211</p> <div style="text-align: center; margin-top: 10px;">  <p>9590 9402 4964 9063 4829 19</p> </div> | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> |
| <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; text-align: center;">7019 2280 0001 7548 7588</p> | <p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery </div> <div style="width: 45%;"> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </div> </div> |

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt