| SIBM : | 210173 | | |
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| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY | | |
| ■ 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: Jamisa & Suzane IClintue 217 W Tesenric Au Lilw W 5342 | I was to be the second and the second | B. Received by (Printed Name) D. Is delivery address different from Item 17 C. Date of Delivery D. Is delivery address different from Item 17 Place Place Agent Addressee D. Date of Delivery 5.22.2021 Place Pl | |
| 9590 9402 5674 9346 5783 12 | 3. Service Type Adult Signature Adult Signature Restricted Delivery Certified Mail® Certified Mail Restricted Delivery Collect on Delivery | ☐ Priority Mall Express®☐ Registered Mall™☐ Registered Mall Restricted Delivery☐ Return Receipt for Merchandise hature Confirmation™ pature Confirmation iricted Delivery | |
| | | Domestic Return Receipt | |

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