

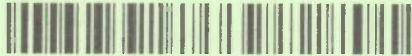
SENDER: COMPLETE THIS SECTION

- 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.

DEC 20 2018

Ms. Janet Donelan
 17576 North Del Webb Blvd.
 Sun City, AZ 85373

#SDWA-DB-2019-0005



9590 9402 3365 7227 3600 33

7012 2210 0000 5373 4931

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Janet Donelan Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

Janet Donelan *12-31-18*

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Mail | |
| <input type="checkbox"/> Mail Restricted Delivery | |
- (over \$500)