## **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. or on the front if space permits. 1. Article Addressed to:

CHRISTOPHER WAKEFIELD

9590 9402 5673 9308 0082 85

2. Article Number (Transfer from service label) 7019 2970 0001 2368 8414

COMPLETE THIS SECTION ON DELIVERY A. Signature

☐ Agent ☐ Address B. Received by (Printed Name) C. Date of Delive

D. Is delivery address different from item 1? If YES, enter delivery address below:

☐ Certified Mail Restricted Delivery

Insured Mail Restricted Delivery

Certified Mail®

☐ Insured Mail

(over \$500)

☐ Collect on Delivery

3. Service Type ☐ Priority Mail Express® □ Adult Signature ☐ Registered Mail™ ☐ Adult Signature Restricted Delivery

☐ Registered Mail Restric Delivery ☐ Return Receipt for Merchandise □ Signature Confirmation

☐ Collect on Delivery Restricted Delivery

☐ Signature Confirmation Restricted Delivery

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Domestic Return Receip

☐ Yes

П No