

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.

Mr. Christopher Malvica
Project Coordinator
University of Michigan, Camp Davis
13405 South Bryan Flat Road
Jackson, WY 83001

SDWA-08-2019-0046



9590 9402 5037 9092 7582 47

7008 3230 0003 0724 0919

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Paula Frank*

Agent

Addressee

B. Received by (*Printed Name*)

C. Date of Delivery

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

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery
- Priority Mail Express®