First-Class Mail Postage & Fees Paid USPS Permit No. G-10 9590 9402 5531 9249 4796 20 Sender: Please print your name, address, and ZIP+4® in this box **United States Postal Service** SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY Complete items 1, 2, and 3. A. Signature ☐ Agent Print your name and address on the reverse so that we can return the card to you. ☐ Addressee C. Date of Delivery B. Received by (Printed Name) Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: If YES, enter delivery address below: 3. Service Type ☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery ☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail® 9590 9402 5531 9249 4796 20 Belivery

Return Receipt for
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☐ Signature Confirmation[™]
☐ Signature Confirmation
Restricted Delivery Collect on Delivery
Collect on Delivery
Collect on Delivery Restricted Delivery
Insured Mail
Insured Mail Restricted Delivery
(over \$500) 2 Article Number Transfer for 7018 1830 0000 9**6**39 9383

Domestic Return Receipt

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

USPS TRACKING#