

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only: No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

9120 5418
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Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
FEB 18 2024

Muehlberger

Sent to **To: Timothy Wilson**
 Street Apt. No., **2400 N. Grand Blvd.**
 or PO Box No. **St. Louis, MO 63106**
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:
Timothy Wilson
2400 N. Grand Blvd.
St. Louis, MO 63106

COMPLETE THIS SECTION ON DELIVERY

A. Signature X
 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
- Certified Mail®
 - Registered
 - Insured Mail
 - Restricted Delivery? (Extra Fee) Yes
- Priority Mail Express™
 Return Receipt for Merchandise
 Collect on Delivery

2. Article Number **7014 1200 0000 6120 9418**
(Transfer from service)

PS Form 3811, July 2013 Domestic Return Receipt