A. Signature Addressee B. Received by (Printed Name) C. Date of Delivery 17 - (0 - (0)) D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
3. Service Type
Certified Mail Registered Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes
009 3410 0000 2593 8443

(Peggy Livingston's Case)