

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:
TOM HALLECK
T+T FARMS, INC.
1011 SOUTH MONTICELLO ST.
WINAMAC IN 46996



9590 9402 5673 9308 0082 61

2. Article Number (Transfer from service label)
7019 2970 0001 2368 8421

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Sharon Wagner Agent
 Addressee

B. Received by (Printed Name)
Sharon Wagner

C. Date of Delivery
8/2/23

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
 - Insured Mail
 - Insured Mail Restricted Delivery (over \$500)
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT *ECA-18T*
 Domestic Mail Only

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

OFFICIAL USE

7019 2970 0001 2368 8421

Certified Mail Fee \$ **4.35**

Extra Services & Fees (check box, add fee if appropriate)

- Return Receipt (hardcopy) \$
- Return Receipt (electronic) \$
- Certified Mail Restricted Delivery \$
- Adult Signature Required \$
- Adult Signature Restricted Delivery \$

Postage \$ **2.31**

Total Postage and Fees \$ **10.21**

Sent To **TOM HALLECK c/o T+T FARMS, INC.**
 Street and Apt. No., or PO Box No. **1011 SOUTH MONTICELLO ST.**
 City, State, ZIP+4® **WINAMAC INDIANA 46996**

Postmark Here
JUL 27 2023
LOOP STATION 00604
11 12 PM

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions