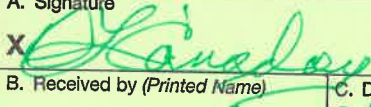
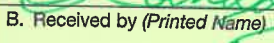
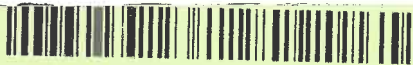


SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ Complete items 1, 2, and 3.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.		<p>A. Signature </p> <p>B. Received by (Printed Name) </p> <p>C. Date of Delivery 9 May 2022</p>	
1. Article Addressed to:		address different from item 1? <input type="checkbox"/> Yes	
Oliver L. Canaday 713 Camelia Ave Panama City, Florida 32404		or delivery address below: <input type="checkbox"/> No	
 9590 9402 6133 0209 2900 25		5/3/22	
2. Article Number (Transfer from service label) 7019 1120 0001 4895 1476		3. Service type	
PS Form 3811, July 2015 PSN 7530-02-000-9053		<input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
		<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
		F-2 sub 1298 Domestic Return Receipt	