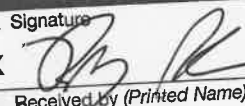


SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>		<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>X </p>	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
Oliver Canaday P.O. Box 624 Four Oaks, NC 27524		Randy Johns	10-21-22
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
7022 0410 0003 1047 1594			
3. Service Type		3. Service Type	
<input type="checkbox"/> Adult Signature		<input type="checkbox"/> Priority Mail Express®	
<input type="checkbox"/> Adult Signature Restricted Delivery		<input type="checkbox"/> Registered Mail™	
<input checked="" type="checkbox"/> Certified Mail®		<input type="checkbox"/> Registered Mail Restricted Delivery	
<input type="checkbox"/> Certified Mail Restricted Delivery		<input type="checkbox"/> Return Receipt for Merchandise	
<input type="checkbox"/> Collect on Delivery		<input type="checkbox"/> Signature Confirmation™	
<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Signature Confirmation Restricted Delivery	
<input type="checkbox"/> Insured Mail			
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)			

9590 9402 6133 0209 2909 64

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

E-2, Sub 1150

Domestic Return Receipt