

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:

Supreme Mo. LLC
10105 John Price Road
Charlotte, NC 28273



9590 9402 6134 0209 4868 61

2. Article Number (Transfer from service label)

7019 1120 0001 4899 3474

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☒ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

2/19/23

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

Service Type

- | | |
|--|---|
| ☐ Adult Signature | ☐ Priority Mail Express |
| ☐ Adult Signature Restricted Delivery | ☐ Registered Mail™ |
| ☐ Certified Mail® | ☐ Registered Mail Restricted Delivery |
| ☐ Certified Mail Restricted Delivery | ☐ Return Receipt for Merchandise |
| ☐ Collect on Delivery | ☐ Signature Confirmation™ |
| ☐ Collect on Delivery Restricted Delivery | ☐ Signature Confirmation Restricted Delivery |
| ☐ Insured Mail | |
| ☐ Insured Mail Restricted Delivery (over \$500) | |

4885 Sub 0 KB Domestic Return Receipt

OFFICIAL COPY

FEB 20 2023