## R: 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:

## Deborah P. Sanders

8900 Snow Camp Rd Snow Camp NC 27349



9590 9402 2523 6306 8568 82

- 2. Article Number (Transfer from service label)

## COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee C. Date of Delivery
- B. Received by (Printed Name)
  - D. Is delivery address different from item 1? If YES, enter delivery address below:

- 3. Service Type ☐ Priority Mail Express® ☐ Adult Signature ☐ Registered Mail™ ☐ Adult Signature Restricted Delivery □ Registered Mail Restricted Certified Mail® Delivery ☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
- ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery Insured Mail
  - nsured Mail Restricted Delivery over \$500)
- ☐ Signature Confirmation™
- Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

Yes

T No