SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY A. Signature Complete items 1, 2, and 3. ☐ Agent Print your name and address on the reverse X ☐ Addressee so that we can return the card to you. C. Date of Delivery В. Received by (Printed Name) Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: ☐ Yes D. Is delivery address different from item 1? If YES, enter delivery address below: Dana Donaldson 3824 Fallston Waco Rd Lawndale NC 28090 3. Service Type ☐ Priority Mail Express® ☐ Adult Signature ☐ Adult Signature Restricted Delivery Registered Mail™ Registered Mail™ Registered Mail Restricted Delivery Return Receipt for Merchandise Signature Confirmation™ ☐ Certified Mail® ☐ Certified Mail Restricted Delivery 9590 9402 5137 9092 8843 96 ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery 2. Article Number (Transfer from service label) ☐ Signature Confirmation Restricted Delivery ☐ Insured Mail ☐ Insured Mail Restricted Delivery (over \$500) 7019 1120 0000 5073 2804 9-le/29/2020 PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt