

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:

REZ-2025-11
MATTHEW M MARTINEZ
3660 VAL TECH ROAD
VALDOSTA, GA 31602



9590 9402 9133 4225 8303 41

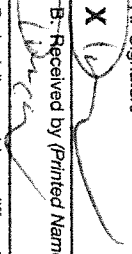
2. Article Number (Transfer from service label)

9589 0710 5270 2431 0686

87 Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature 		☒ Agent ☐ Addressee
B. Received by (Printed Name) [Signature]	C. Date of Delivery 6/24/25	
D. Is delivery address different from item 1? ☐ Yes ☒ No If YES, enter delivery address below:		

3. Service Type	
☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery	☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt