

**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  
 RICHARD S BENNETT  
 P.O. BOX 2273  
 VALDOSTA, GA 31604

**COMPLETE THIS SECTION ON DELIVERY**

|                                                                                                                   |                     |                                    |
|-------------------------------------------------------------------------------------------------------------------|---------------------|------------------------------------|
| A. Signature                                                                                                      |                     | <input type="checkbox"/> Agent     |
| <i>X Karen R. Connor</i>                                                                                          |                     | <input type="checkbox"/> Addressee |
| B. Received by (Printed Name)                                                                                     | C. Date of Delivery |                                    |
| <i>Karen R. Connor</i>                                                                                            | <i>7-3-25</i>       |                                    |
| D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                     |                                    |
| If YES, enter delivery address below:                                                                             |                     |                                    |



9590 9402 9133 4225 8303 89

2. Article Number (Transfer from service label)

9589 0710 5270 2431 0687 24

Restricted Delivery

|                                                                  |                                                                     |
|------------------------------------------------------------------|---------------------------------------------------------------------|
| 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 type="checkbox"/> Certified Mail®                         | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery      | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery                     | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery |                                                                     |

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

Domestic Return Receipt