

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:

RET-2025-11
 Richards Connie & Dave
 3725 Val Tech Rd
 Valdosta Ga 31602



9590 9402 9133 4225 8302 11

2. Article Number *Transfer from previous label*
 9589 0710 5270 1853 9028

COMPLETE THIS SECTION ON DELIVERY

A. Signature 		☒ Agent ☐ Addressee
B. Received by (Printed Name) [Signature]	C. Date of Delivery 8/23/21	
D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No		

3. Service Type	
☐ Adult Signature	☐ Priority Mail Express®
☐ Adult Signature Restricted Delivery	☐ Registered Mail™
☐ Certified Mail®	☐ Registered Mail Restricted Delivery
☐ Certified Mail Restricted Delivery	☐ Signature Confirmation™
☐ Collect on Delivery	☐ Signature Confirmation Restricted Delivery
☐ Collect on Delivery Restricted Delivery	
90 ☐ all Restricted Delivery (over \$500)	

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

Domestic Return Receipt