

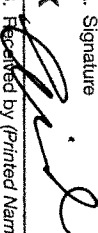
SENDER: COMPLETE THIS SECTION

- ☒ 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
 RAYMOND WILLIAM BUDSCHUH JR
 95-221 HAUNONE PLACE
 MILILANI, HI 96789

COMPLETE THIS SECTION ON DELIVERY

A. Signature 		X Agent ☐ Add:	
B. Received by (Printed Name) A. BUDSCHUH		C. Date of Delivery 6/26/25	
D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☒ No			



9590 9402 9133 4225 8269 93

Article Number (Transfer from carrier label)

9589 0710 5270 2431 0645

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

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

Domestic Return Receipt