## COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature Complete items 1, 2, and 3. □ Agent Print your name and address on the reverse Addressee so that we can return the card to you. C. Date of Delivery B. Received by (Printed Name) Attach this card to the back of the mailpiece, or on the front if space permits. ☐ Yes 1. Article Addressed to: D. Is delivery address different from item 1? Biran Jonathan Richard ☐ No If YES, enter delivery address below: 301 Church St DACULA, GA 30019 3. Service Type ☐ Priority Mail Express® ☐ Adult Signature ☐ Registered Mail™ ☐ Registered Mail Restricted ☐ Adult Signature Restricted Delivery Delivery Certified Mail® ☐ Signature Confirmation™ ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Signature Confirmation Restricted Delivery ☐ Collect on Delivery Restricted Delivery 2 Article Number (Transfer from service label) ☐ Insured Mail 89 0710 5270 0458 4654 ☐ Insured Mail Restricted Delivery (over \$500) PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> <li>Croy Tammie Lillian</li> <li>294 Maxey S ≠</li> <li>DACULA, GA 30019</li> </ul>	B. Received by (Printed Name)  D. Is delivery address different from If YES, enter delivery address in	
9590 9402 8188 3030 5548 58	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
2. Article Number (Transfer from service label)	☐ Insured Mail	nestricted belivery
589 0710 5270 0458 4654 27	nsured Mail Restricted Delivery over \$500)	

Domestic Return Receipt

1589 0710 5270 0458 4654 27 PS Form 3811, July 2020 PSN 7530-02-000-9053

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<ul> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X  B. Received by (Printed Name)	Agent Addressee C. Date of Delivery
1. Article Addressed to: Ventura Jesus Rodriguez Edith Rodriguez ANAYA CINDY M. 287 Church St	D. Is delivery address different fro If YES, enter delivery address	
9590 9402 8188 3030 5548 41  2. Article Number (Transfer from service label)  7 - 9590 9402 8188 3030 5548 41	3. Service Type  Adult Signature  Adult Signature Restricted Delivery  Certified Mail®  Certified Mail Restricted Delivery  Collect on Delivery  Collect on Delivery Restricted Delivery  sured Mail  sured Mail Restricted Delivery  ver \$500)	☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery☐ ☐ Priority Mail Express®☐ Priority Mail Priority Priority Mail Priority Mail Priority Prior
9589 U710 3E10 950 7530-02-000-9053		Domestic Return Receipt