

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:

John Hemken
 A & M Manufacturing
 14700 NW Hwy 441
 Alachua, FL 32615



9590 9402 7760 2152 0371 34

2. Article Number (Transfer from service label)

7007 0220 0002 5444 9574

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

-
- Agent
-
-
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

 Yes

If YES, enter delivery address below:

 No

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 | |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

USPS TRACKING #



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

9590 9402 7760 2152 0371 34

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

Wilbur Dean
A.O. Box 310
Bronson, FL 32601

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
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1. Article Addressed to:

John Hemken
 A & M Manufacturing
 315 NW 11th Ave
 Chiefland, FL 32024



9590 9402 7760 2152 0371 41

2. Article Number (Transfer from service label)

7007 0220 0002 5444 9567

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Hodge

 Agent Addressee

B. Received by (Printed Name)

CMKCV19

C. Date of Delivery

1-25

D. Is delivery address different from item 1? YesIf YES, enter delivery address below: No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

USPS TRACKING #

JACKSONVILLE FL 320

25 JAN 2023 PM 2 L



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

9590 9402 7760 2152 0371 41

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

Wilbur Dean
P.O. Box 310
Bronson FL 32621

