

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY  |                                |
|--|--|--------------------------------|
| <ul style="list-style-type: none"> <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<br><input checked="" type="checkbox"/> Agent<br><input checked="" type="checkbox"/> Addressee<br><i>Kathy Williams</i>  |                                |
| 1. Article Addressed to:<br>John Williams<br>18611 Lawrence 2230<br>Aurora MO 65605  | B. Received by (Printed Name)<br><i>Kathy Williams</i>   | C. Date of Delivery<br>9-22-22 |
|  | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input checked="" type="checkbox"/> No   |                                |
| 2. Article Number (Transfer from service label)<br>9590 9402 5683 9346 1338 30   | 3. Service Type<br><input type="checkbox"/> Adult Signature<br><input type="checkbox"/> Adult Signature Restricted Delivery<br><input type="checkbox"/> Certified Mail®<br><input type="checkbox"/> Certified Mail Restricted Delivery<br><input type="checkbox"/> Collect on Delivery<br><input type="checkbox"/> Collect on Delivery Restricted Delivery<br><input type="checkbox"/> Mail Restricted Delivery (over \$500) |                                |
|  | <input type="checkbox"/> Priority Mail Express®<br><input type="checkbox"/> Registered Mail™<br><input type="checkbox"/> Registered Mail Restricted Delivery<br><input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Signature Confirmation™<br><input type="checkbox"/> Signature Confirmation Restricted Delivery   |                                |
|  | 7020 1290 0000 3512 2136   |                                |
| PS Form 3811, July 2015 PSN 7530-02-000-9053   |  | Domestic Return Receipt        |

| U.S. Postal Service™<br>CERTIFIED MAIL® RECEIPT<br>Domestic Mail Only   |                                      |
|---|--------------------------------------|
| For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®.  |                                      |
| <b>OFFICIAL USE</b>   |                                      |
| Certified Mail Fee<br>\$ 4.00   | Postmark Here<br>SEP 19 2022<br>USPS |
| Extra Services & Fees (check box, add fees as appropriate)  |                                      |
| <input checked="" type="checkbox"/> Return Receipt (hardcopy) \$ 2.75   |                                      |
| <input type="checkbox"/> Return Receipt (electronic) \$   |                                      |
| <input type="checkbox"/> Certified Mail Restricted Delivery \$<br><input type="checkbox"/> Adult Signature Required \$<br><input type="checkbox"/> Adult Signature Restricted Delivery \$ |                                      |
| Postage<br>\$ .57   |                                      |
| Total Postage and Fees<br>\$ 7.82   |                                      |
| Sent To<br>John Williams<br>Street and Apt. No., or PO Box No.<br>18611 Lawrence 2230<br>City, State, ZIP+4®<br>Aurora MO 65605   |                                      |
| PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions  |                                      |