

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:

KIM LIEN DO
 222 W DETROIT ST
 BROKEN ARROW, OK 74012

VKH (RPH) DLAP-021427-2024



9590 9402 8680 3310 3955 94

2. Article Number (Transfer from service label)

9589 0710 5270 2366 1229 73

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

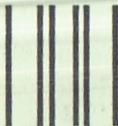
Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail

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

Mail Restricted Delivery (00)

USPS TRACKING #



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

9590 9402 8680 3310 3955 94

United States
Postal Service

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

Department of Community Development
City of Broken Arrow
P.O. Box 610
Broken Arrow, OK 74013-0610

