

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOR POSTAL INSPECTION

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 (PH) DLAP-021427-2024



9590 9402 8680 3310 3969 35

2. Article Number (Transfer from service label)

9589 0710 5270 2366 1226 69

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

CYR CY

C. Date of Delivery

10/24

D. Is delivery address different from item 1? Yes

If 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

Signature Confirmation

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Signature Confirmation™

Signature Confirmation Restricted Delivery

OKLA OK 740
USPS TRACKING#

25 OCT 2024 PM 1 L



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

9590 9402 8680 3310 3969 35

**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

