Code

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.

RITA C HARBOUR
P O BOX 140344
BROKEN ARROW, OK 74014

GA-42110 /42109 NA CODE

9590 9402 6395 0303 2017 03

2. Article Number (Transfer from service label)
7019 1120 0000 2099 5000

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Rita Harbour ☐ Agent ☐ Addressee

B. Received by (Printed Name) RITA HARBOUR
C. Date of Delivery 2-15-22

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

Mail
Mail Restricted Delivery
(over $500)

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt