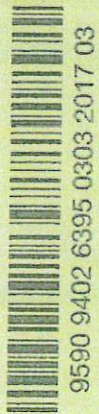


SENDER: COMPLETE THIS SECTION

- 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

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
Rita Harbour ☐ Addressee

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

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

3. Service Type

☐ Adult Signature	☐ Priority Mail Express®
☐ Adult Signature Restricted Delivery	☐ Registered Mail™
☐ Certified Mail®	☐ Registered Mail Restricted Delivery
☐ Certified Mail Restricted Delivery	☐ Signature Confirmation™
☐ Collect on Delivery	☐ Signature Confirmation Restricted Delivery
☐ Collect on Delivery Restricted Delivery	☐ Restricted Delivery
☐ Mail	
☐ Mail Restricted Delivery	

(Enter \$000)

Domestic Return Receipt