

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

9590 9402 8988 4064 3929 44

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

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 LEN DO 222 V)ETROIT ST N ARROW, OK 74012

VKH (JTCR) DLAP-021427-2024 ☐ Adult Signature

9589 0710 5270 1218 8093

- 9590 9402 8988 4064 3929 44
- 2. Article Number (Transfer from service label)

Certified Mail Restricted Delivery

Certified Mail®

☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery C Inguinad Mail

lail Restricted Delivery

Adult Signature Restricted Delivery

COMPLETE THIS SECTION ON DELIVERY

ddress different from item 12

delivery address below:

A. Signature

B. Received by (Printed Name) C. Date of Delivery

☐ Yes □ No

☐ Addressee

☐ Agent

☐ Priority Mail Express®

☐ Registered Mail™ ☐ Registered Mail Restricted

Delivery ☐ Signature Confirmation™ □ Signature Confirmation

Restricted Delivery

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

Domestic Return Receipt