SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery
1. Article Addressed to:  2912 S Access Bd  Longview, TX 75602	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
9590 9402 8093 2349 7834 40	3. Service Type  □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Certified Mail Restricted Delivery □ Collect on Delivery □ Signature Confirmation □ Signature Confirmation
2. Article Number (Transfer from service label) 7022 2410 0002 5820 032	☐ Collect on Delivery Restricted Delivery Restricted Delivery ☐ Insured Mail
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt