R: COMPLETE THIS SECTION

plete items 1, 2, and 3.
your name and address on the reverse
at we can return the card to you.
h this card to the back of the mailpiece,
the front if space permits.
Addressed to:

Stephanie D. Pino
[redacted]
Jourdanton, TX 78026-0581

9590 9402 4103 8092 0288 36

e Number *(Transfer from service label)*
7018 0680 0000 6781 0978

n 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* [signature] C. Date of Delivery 2/12/19

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

FEB 12 2019 Received

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
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

SO No. 19

Domestic Return Receipt

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®

Certified Mail Fee
$
Extra Services &
☐ Return Receipt
☐ Return Receipt
☐ Certified Mail R
☐ Adult Signature
☐ Adult Signature
Postage
$
Total Postage and Fees
$
Sent To
Street and Apt. No., or PO Box No.
City, State, ZIP+4

Stephanie D. Pino
[redacted]
Jourdanton, TX 78026-0581

ostmark Here

SO No #19

7018 0680 0000 6781 0978

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions