

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

TV-190214

Letter; M1

8-14-19

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- 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.

A. Signature
 X Agent
 Addressee

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

1. Article Addressed to:

Bui Cuong T.
 7204 Marshall Ave SE # 102
 Auburn, VA 98092

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



9590 9402 3786 8032 3156 51

2. Article Number (*Transfer from service label*)

7015 1730 0000 6002 6226

3. Service Type
- Adult Signature Priority Mail Express®
 - Adult Signature Restricted Delivery Registered Mail™
 - Certified Mail® Registered Mail Restricted Delivery
 - Certified Mail Restricted Delivery Return Receipt for Merchandise
 - Collect on Delivery Signature Confirmation™
 - Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery
 - Insured Mail
 - Insured Mail Restricted Delivery (over \$500)

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt