

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.

John T. Flora
 P.O. Box 7411
 Ketchikan AK 99901

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X


 Agent Addressee

B. Received by (Printed Name)

John Flora

C. Date of Delivery

4/13/21

Address different from item 1? Yes
 or delivery address below: No



9590 9402 6116 0209 3035 37

2. Article Number (Transfer from service label)

7019 2970 0000 1042 1742

3. Service Type

 Adult Signature Adult Signature Restricted Delivery Certified Mail® Certified Mail Restricted Delivery Collect on Delivery Collect on Delivery Restricted Delivery Insured Mail Insured Mail Restricted Delivery

(over \$500)

 Priority Mail Express® Registered Mail™ Registered Mail Restricted Delivery Return Receipt for Merchandise Signature Confirmation™ Signature Confirmation Restricted Delivery