

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.

KENNETH T KOLAR
4049 HIGHWAY 6
HARVARD ID 83834



9590 9403 0913 5223 3886 23

2 Article Number (Transfer from service label)

7016 1370 0000 2016 6949

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Kenneth T. Kolar

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Kenneth T. Kolar

C. Date of Delivery

5/30/20

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☒ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

Mail

Mail Restricted Delivery

(over 3000)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery