

**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.

MONICA CHAPMAN  
2949 CAMERON RD  
MOSCOW ID 83843



9590 9403 0913 5223 3889 06

Article Number (Transfer from service label)

7012 3050 0001 2131 9074

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X BG

- ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

RI

C. Date of Delivery

5-30

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

C19

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