

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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.

1. Article Addressed to:

ADAM R TAGGART
5540 W 5TH ST SPC 38
OXNARD CA 93035

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Adam Taggart*

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Adam Taggart

C. Date of Delivery

6-1-20

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

If YES, enter delivery address below:

☐ No

3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

7016 1370 0000 2018 2659

PS Form 3811, July 2013

Domestic Return Receipt