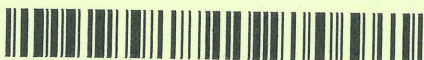


SENDER: COMPLETE THIS SECTION

- 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.

NATHAN E KEANE
PO BOX 8543
MOSCOW ID 83843



9590 9403 0913 5223 3885 93

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x RYD RR-2 C-19 ☒ Agent
☐ Addressee

B. Received by (Printed Name)

1200 / 10-10-20

C. Date of Delivery

6/4/20

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

If YES, enter delivery address below: ☐ No

Left in mail box

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

all Restricted Delivery

(over 500)

2. Article Number (Transfer from service label)

7016 1370 0000 2016 6918

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

Domestic Return Receipt