

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.

VERNON D WHITE
PO BOX 72
HARVARD ID 83834



9590 9403 0913 5223 3881 11

2. Article Number (Transfer from service label)

7016 1370 0000 2018 6046

COMPLETE THIS SECTION ON DELIVERY
A. Signature

X *Vernon D White* ☐ Agent
☐ Addressee

B. Received by (Printed Name)

VERNON WHITE

C. Date of Delivery

6-9-20

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

If YES, enter delivery address below: ☐ No

Box 72

3. Service Type

- | | |
|---|---|
| ☐ Adult Signature | ☐ Priority Mail Express® |
| ☐ Adult Signature Restricted Delivery | ☐ Registered Mail™ |
| ☒ Certified Mail® | ☐ Registered Mail Restricted Delivery |
| ☐ Certified Mail Restricted Delivery | ☐ Return Receipt for Merchandise |
| ☐ Collect on Delivery | ☐ Signature Confirmation™ |
| ☐ Collect on Delivery Restricted Delivery | ☐ Signature Confirmation Restricted Delivery |
| ☐ Registered Mail Restricted Delivery (if \$500) | |