

7016 0750 0000 2175 9688

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>®</sup> RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)<sup>®</sup>.

**OFFICIAL USE**

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- |                                                              |    |  |
|--------------------------------------------------------------|----|--|
| <input type="checkbox"/> Return Receipt (hardcopy)           | \$ |  |
| <input type="checkbox"/> Return Receipt (electronic)         | \$ |  |
| <input type="checkbox"/> Certified Mail Restricted Delivery  | \$ |  |
| <input type="checkbox"/> Adult Signature Required            | \$ |  |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |  |

Postmark  
Here

Postage

\$

Total

\$

Sender

Street

City

State

Zip

RONNIE WEEKES  
1996 BOISE AVE  
LETHA ID 83636-7711

5/16/22

65-23645

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions