

PS Form 3800, April 1995

US Postal Service Insurance Coverage P Do not use for International
Sent to
Street & Number
Post Office, State, & ZIP Code
Postage
Certified Fee
Special Delivery Fee
Restricted Delivery Fee
Return Receipt Showing to Whom, Date, & Addressee's Address
IL Postage & Fees

Z 269 222 031

75-07655
DONALD L HAWKINS
14429 WATKINS DR
LAMIRADA CA 90638

Is your RETURN ADDRESS completed on the reverse side?

- SENI**
- Com
 - Com
 - Print

return this card to you.
• Attach this form to the front of the mailpiece, or on the back if space does not permit.
• Write "Return Receipt Requested" on the mailpiece below the article number.
• The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

75-07655
DONALD L HAWKINS
14429 WATKINS DR
LAMIRADA

CA 90638

5. Signature (Addressee)

6. Signature (Agent)

fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

4a. Article Number

- 4b. Service Type
- ☐ Registered
 - ☒ Certified
 - ☐ Express Mail

- ☐ Insured
- ☐ COD
- ☒ Return Receipt for Merchandise

7. Date of Delivery

OCT 1995

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991 ☆ U.S.G.P.O. : 1992-307-530

DOMESTIC RETURN RECEIPT

Give the
an extra

Return Receipt Service.
Thank you for using