SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X Full Less D'Agent  D Addressee  B. Received by (Pripted Name)  C. Date of Delivery  RAU LASCN 1-2-2
PATRICIA HANKS C/O PAUL & CHERRIE KASSEN 2020 N CHURCH ST JONESBORO, AR 72401	De delivery address below: Yes delivery address below:
9590 9402 7501 2098 8165 88  2. Article Number (Transfer from service label) 7021 1970 0001 4352 40	□ Adult Signature □ Adult Signature Restricted Delivery ▼ Certified Mail Restricted Delivery □ Collect on Delivery □ Collect on Delivery Restricted Delivery □ I all □ I all Restricted Delivery □ I all □ I all Restricted Delivery □ Signature Confirmation □ Restricted Delivery □ Signature Confirmation □ Restricted Delivery □ Signature Confirmation □ Restricted Delivery
PS Form 3811, July 2020 PSN 7530-02-000-9053	22 - 1664 OCDomestic Return Receipt

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