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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent ☐ Addressee

C. Date of Delivery

enter delivery address below:

B. Received by (Printed Name)

□ No

Ronnie & Jacqueline Stanback 919 W MATTHEWS JONESBORO, AR 72401



9590 9402 7918 2234 2147 00

2. Article Number (Transfer from service label)

7021 2720 0000 4355 2347

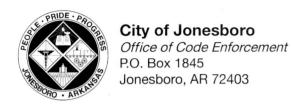
3. Service Type ☐ Adult Signature

- ☐ Adult Signature Restricted Delivery Certified Mail®
- ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery Restricted Delivery

☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

223 Miller



CERTIFIED MAIL®



7021 2720 0000 4355 2347

Ronnie & Jacqueline Stanback

-R-T-S- 72 $\overline{4}$ 01-RFS-1N

12/06/22

RETURN TO SENDER UNABLE TO FORWARD UNABLE TO FORWARD RETURN TO SENDER



