

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.

1. Article Addressed to:

Airb. State University
 P.O. Box 2100
 State University, AR
 72467



9590 9402 5291 9154 2060 26

2. Article Number (Transfer from service label)**COMPLETE THIS SECTION ON DELIVERY****A. Signature**

X *Kate Isias*

- Agent
 Addressee

B. Received by (Printed Name)

Kate Isias

C. Date of Delivery

- D. Is delivery address different from item 1?** Yes
 If YES, enter delivery address below: No

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

USPS TRACKING #



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

9590 9402 5291 9154 2060 26

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box •
JoAnn Malley
2029 Bridger Rd.
Jonasboro, AR
72405

