A Comment SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. A SIGNATURE OF DRIVER SERVICES Print your name and address on the reverse XP 0 BOX 80447 so that we can return the card to you. B. RepeivedRy (GiAte & Wana) - 844 C. Date of Delivery ■ Attach this card to the back of the mailpiece, or on the front if space permits. 8 3015 D. Is delivery address different from item 1? Yes 1. Article Addressed to: Greg Dozier Department of Driver Services POBOX 80447 2206 Eastview Parkwag CONYERS Ga 30013 If YES, enter delivery address below: □ No 3. Service Type Certified Mail
Registered
Insured Mail ☐ Express Mail ☐ Return Receipt for Merchandise ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number (Transfer from service label) 7010 2780 0002 2357 9894 PS Form 3811, February 2004 Domestic Return Receipt 2595-02-M-1540

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
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	3. Service Type Cartico Type Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee)		
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