

Name and Address of Sender		Check type of mail or service														
		☐ Adult Signature Required ☐ Priority Mail Express														
		☐ Adult Signature Restricted Delivery ☐ Registered Mail		Δff	ix Stam	n Here										
				(for additional copies of this receipt).												
		☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise ☐ Collect on Delivery (COD) ☐ Signature Confirmation		Pos	stmark w	ith Date o	of Receipt.									
		☐ Insured Mail	☐ Signature Confirmation													
		☐ Priority Mail	Restricted Delivery													
USPS Tracking/Article Number		Addressee (Name, Street, City	. State, & ZIP Code™)	Postage	(Extra	Handling	Actual Value	Insured	Due	ASR	ASRD	RD	RR	SC	SCRD	SH
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Total Number of Pieces Listed by Sender	Total Number of Pieces Received at Post Office	Postmaster, Per (Name of re	ceiving employee)		1						1					