R: COMPLETE THIS SECTION olete items 1, 2, and 3. your name and address on the reverse at we can return the card to you. h this card to the back of the mailpiece, the front if space permits. Addressed to: Konorable Aran wilson Box 11549 lumbia, SC 29211 9590 9402 8898 4064 7528 07 e Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY A. Signature ☐ Age ☐ Add C. Date of D B. Received by (Printed Name) MARGARET MUNN ☐ Yes D. Is delivery address different from item 1? No If YES, enter delivery address below: ☐ Priority Mail Exp 3. Service Type ☐ Registered MailT ☐ Adult Signature ☐ Registered Mail I Delivery

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