

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Adrienne Gaston
3509 W. 82nd St.
Inglewood, CA 90305

COMPLETE THIS SECTION ON DELIVERY

A. Signature

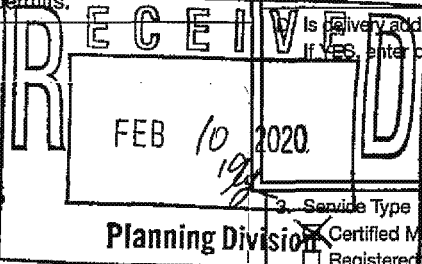
X  Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

2/8/20

Is delivery address different from Item 1? Yes
If YES, enter delivery address below: No



3. Service Type

 Certified Mail® Priority Mail Express™ Registered Return Receipt for Merchandise Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee)

 Yes

2. Article Number

(Transfer from service label)

7016 2140 0000 6914 6047