

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

7020 3160 0001 0193 8665

Certified Mail Fee \$ _____
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ _____
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____



Postage \$ _____
 \$ Tr _____
 \$ S _____
 \$ S _____
 C _____

VITO L & JESSICA D'AMICO
5159 FAIRLANE DRIVE
NORTH PORT FL 34288

CE-mr

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:

#22-1648

VITO L & JESSICA D'AMICO
5159 FAIRLANE DRIVE
NORTH PORT FL 34288



9590 9402 7505 2098 3606 50

7020 3160 0001 0193 8665

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *JSK2SC19* Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

9/11/22

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

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery