

7021 2720 0001 5608 4926

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

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

OFFICIAL USE

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 \$ _____

Postmark
Here

Postage \$ _____

Total \$ _____

#22-340

Sent **JOHN & UTE DEBLASIO**

Street **3087 SETH ROAD**

City **NORTH PORT FL 34288**

ckmr

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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:

#22-340

JOHN & UTE DEBLASIO

3087 SETH ROAD

NORTH PORT FL 34288

ckmr



9590 9402 7380 2028 4033 75

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) **Deblasio**

C. Date of Delivery **4/4**

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

2. Article Number (Transfer from service label)

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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

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Signature Confirmation™

Signature Confirmation Restricted Delivery

Mail Restricted Delivery (00)

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt