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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ 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. 	A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee X <i>C. Williams</i>	
1. Article Addressed to: Dkt 20170000-OT DNs 03861-2017 <div style="border: 1px solid black; padding: 5px; text-align: center;"> MS. JAN CHESNEY VERIZON 600 HIDDEN RIDGE IRVING, TX, 75038 </div>	B. Received by (<i>Printed Name</i>) <i>C. Williams</i>	C. Date of Delivery <i>8-10-21</i>
2. Article Number (<i>Transfer from service label</i>) <div style="border: 1px solid black; padding: 5px; text-align: center;">  9590 9402 6460 0346 1573 05 </div>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
7017 1000 0000 4194 3829	3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) 	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt