HECHWED-PPSC

2025 OCT -8 AM 9: 33

CLERK

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
 Complete items 1, 2, and 3. Print your name and address on the so that we can return the card to year. Attach this card to the back of the or on the front if space permits. 1. Article Addressed to: 	ou.	A. Signature X B. Received by (Printed Name) D. Is delivery address different from If YES, enter delivery address it	
Dkt 20250091-TA DN 05549-2025 Dulaney L. O'Roark Verizon 5055 North Point Parkway Alpharetta, GA 30022	1		
9590 9402 6460 0346 01 2. Article Number (Transfer from service la 7015 0640 0001 2060	ibel)	3. Service Type Adult Signature Adult Signature Restricted Delivery Certified Mail® Certified Mail® Collect on Delivery Collect on Delivery Restricted Delivery Insured Mail Restricted Delivery pver \$500	☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	