

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

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OFFICIAL USE

7020 2450 0002 1048 7644

Certified Mail Fee \$ 400
 Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 3.00
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ _____

Postmark Here
 NOV 29 2022
 CHATTANOOGA TN

Postage \$ 57
 Total Postage and Fees \$ 782

Sent To MR. Mitchell Shelton
 Street and Apt. No., or PO Box No. P.O. Box 1297
 City, State, ZIP+4® HIXSON, TN 37343

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

NL-129125 DWR15KD

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. 	<p>A. Signature <input checked="" type="checkbox"/> <u>Kay Lane</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>KAY LANE</u> C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to: <u>Shelton landscape</u> <u>Attn: MR. Mitchell Shelton</u> <u>P.O. Box 1297</u> <u>HIXSON, TN 37343</u></p>	
<p>2. Article Number (Transfer from service label) <u>7020 2450 0002 1048 7644</u></p>	
<p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail 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)</p>	<p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>	