

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:

Gov. Moore  
 Office of the Gov. of Md.  
 100 State Circle  
 Annapolis, Md. 21401



9590 9402 8175 3030 7789 08

2. Article Number (Transfer from service label)

589 0710 5270 0655  
 PS Form 3811, July 2002 PSN 7530-02-000-9053

COMPLETE THIS SECTION

A. Signature

*[Signature]*  
 Received by (Print Name)  
 ANNAPOLIS, MARYLAND

D. Is delivery address different from item 1?  
 If YES, enter delivery address below.

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

Priority  
 Registered  
 Registered Delivery  
 Signature  
 Signature Restricted  
 Restricted

I received on 9-19-23  
*[Signature]*