2-25-23

Domestic Return Receipt		PS Form 3811, July 2020 PSN 7530-02-000-9053
	all Restricted Delivery	0ETT 9609 0000 0Th0 2202
Restricted Delivery	Collect on Delivery Restricted Delivery	2. Article Number (Transfer from service label)
☐ Signature Confirmation™ ☐ Signature Confirmation	Certified Mail Restricted Delivery Collect on Delivery	9590 9402 6989 1225 8851 42
☐ Priority Mail Express® ☐ Registered Mail TM ☐ Registered Mail Restricted Delivery	Service Type Adult Signature Adult Signature Restricted Delivery Certified Mail®	
Medical at Assume estimates transmission transmission de la companya del companya de la companya de la companya del companya de la companya del la companya de la companya	AND THE PROPERTY OF THE PROPER	7 40 1
		Annapolis, Md.
ite u		100 state Circle
mitem 1? ☐ Yes below: ☐ No	D. Is delivery address different from Item 1? If YES, enter delivery address below:	Gov. of Md., Mr. Wes Moore
No.	Reflectived by Infilined Names	Attach this card to the back of the malipiece, or on the front if space permits.
	X	Print your name and address on the reverse so that we can return the card to you.
[] Agent	A. Signature	Complete items 1, 2, and 3.
DELIVERY	COMPLETE THIS SECTION ON DELIVER	SENDER: COMPLETE THIS SECTION
	adi julijandi kalikala kalika	