

CERTIFIED MAIL®

92-02-20-26 * 2680-02795-20-26
275 46933507

RETURN TO SENDER
REFUSED
UNABLE TO FORWARD

0010/20/23 DE 1 276

507N 8XIE



RALEIGH NC 275

29 SEP 2023 PM 3 L



quadiant
FIRST-CLASS MAIL
IMI
\$008.53⁰
09/29/2023 ZIP 27546
043M31227258

US POSTAGE

ENCLOSURE

10-11
10-18-23

Dwayne Staton
1188 Rainey Dr
Spring Lake NC 28390

NK
R-3-23
Dgs

strong roots • new growth

28390-796788



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. EH
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Dwayne Staton
1188 Rainey Drive
Spring Lake NC 28390



9590 9402 4372 8190 5221 35

2. Article Number (Transfer from service label)

7020 2450 0002 2668 2705

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |