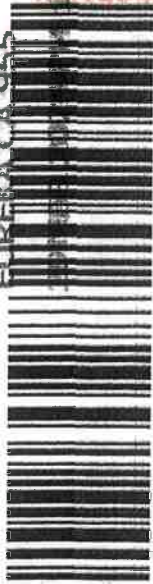


CERTIFIED MAIL™

EUREKA CA 955



ing and Building Depart
COUNTY OF HUMBOLDT
Street Eureka, CA 9550

9171 9690 0935 0062 4887 99

quadrant

FIRST-CLASS MAIL
IMI

\$007.36⁹

02/29/2024 ZIP 95501
043M31246347

US POSTAGE



95562-RFS-1N *91 03/01/24

RETURN TO SENDER
VACANT
UNABLE TO FORWARD
RETURN TO SENDER

* R F S *



95562-020202



NEVER DETACH THIS SECTION. IT IS THE RIGHT HALF OF THE RETURN ADDRESS FOLD AT DOTTED LINE.

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:

PO Box 202
R10 Dell, CA
95562



9590 9402 7680 2122 7709 50

2. Article Number (Transfer from service label)

9171 9690 0935 0062 4887 99

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

Agent
 Addressee

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 type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | |
| <input type="checkbox"/> Registered Mail™ | |
| <input type="checkbox"/> Registered Mail Restricted Delivery | |
- Priority Mail Restricted Delivery (max. \$500)

Domestic Return Receipt