

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.

Carlos Arana Ministries, Inc.
7842 Grape Street
Highland, CA. 92346



9590 9402 6129 0209 4982 13

2. Article Number (Transfer from service label)

7020 2450 0000 9710 6621

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

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Mail Restricted Delivery

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☒ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

(over 3500)

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

Received & Inspected

MAR 17 2021

FCC Mail Room

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

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee

\$ 3.60
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$ 2.85
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage

\$ 0.51
Total Postage and Fees
\$ 6.96

Sent To

Street a

City, Sta

Carlos Arana Ministries, Inc.
7842 Grape Street
Highland, CA. 92346

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7020 2450 0000 9710 6621

3.60
2.85
MAR 17 2021
Postmark Here