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:

THE CITIZENS BANK
P.O. BOX 268
HICKMAN, KY 42050

9590 9403 0234 5146 3150 72

2. Article Number *(Transfer from service label)*

7012 3050 0000 8583 5306

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Lacey Smith ☑ Agent ☐ Addressee

B. Received by *(Printed Name)* Lacey Smith

C. Date of Delivery 10-15-18

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
- ☐ ...red Mail
- ☐ ...red Mail Restricted Delivery
- ...r $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☒ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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

Domestic Return Receipt