

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:

GOV SISOLAK
 SUITE 5100
 555 E. WASHINGTON AVE
 LAS VEGAS, NV 89101



9590 9402 2984 7094 9116 37

2. Article Number (Transfer from service label)

7018 0040 0000 5347 4021

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X 

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

8/19/2020

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

thomascaggiano.com

SISOLAK6.pdf

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"/> 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"/> Registered Mail Restricted Delivery (per \$500) | |