

7015 0640 0007 6130 2952

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic

For delivery to: _____

Certified Mail fee: \$ _____

Extra Services:

- Return Receipt
- Return Receipt with Proof of Mailing
- Certified Signature Confirmation
- Adult Signature Confirmation

Postage: \$ _____

Total Postage: \$ _____

Sent To: _____

Street and Apartment No.: _____

City, State, ZIP+4®: _____

3:02cr35-1 (987) 3:15cv66 (9, 10)
 Anthony Curry 02295-087
 CUMBERLAND FCI
 Inmate Mail/Parcels
 P.O. BOX 1000
 CUMBERLAND, MD 2150

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions