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:

office for Public Information
Teague Hospital District
Po Box 599
Teague TX 75860

9590 9402 7537 2098 7196 93

2. Article Number (Transfer from service label)

7022 2410 0000 8645 5990

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Sandy Biles ☐ Agent ☐ Addressee

B. Received by (Printed Name) Sandy Biles

C. Date of Delivery

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

TEAGUE TX 75860
NOV 02 2026
USPS

3. Service Type

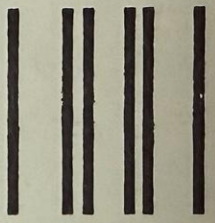
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Delivery Restricted Delivery
- ☐ Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☒ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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

USPS TRACKING #



9590 9402 7537 2098 7196 93



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

Robert P Sharpe
FCGCC
131 CR 933
Teague, TX 75860

