

Final Order

U.S. Postal Service™ RECEIPT
CERTIFIED MAIL™ (Domestic Mail Only; No Insurance Coverage Provided)

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

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here

CitMortgage Inc
Tax & Reporting
PO Box 30509
Tampa, FL 33631

Sent To
Street, Apt. or PO Box #
City, State, ZIP

PS Form 3800, June 2002 See Reverse

7002 2030 0003 2446 9745

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:

CitMortgage Inc
Tax & Reporting
PO Box 30509
Tampa, FL 33631



9590 9403 0395 5163 2846 96

2. Article Number (Transfer from service label)
7002 2030 0003 2446 9745

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Adult Agent
- B. Received by (Printed Name) Date of Delivery
- C. Date of Delivery 3/9/18
- D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail
 - Insured Mail Restricted Delivery (over \$500)
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here

William C & Diane Lents
268 SW Kentwood Drive
Port St Lucie, FL 34953

Sent To
Street, Apt. or PO Box #
City, State, ZIP
PS Form 3800, June 2002 See Reverse

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:

William C & Diane Lents
268 SW Kentwood Drive
Port St Lucie, FL 34953



9590 9403 0395 5163 2846 89

2. Article Number (Transfer from service label)
7002 2030 0003 2446 9769

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

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Adult Agent
- B. Received by (Printed Name) Date of Delivery
- C. Date of Delivery 3-9-18
- D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail
 - Insured Mail Restricted Delivery (over \$500)
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

Domestic Return Receipt

7002 2030 0003 2446 9769