

DEFENDANT: THOMAS ANDERSON

RECEIVED SERVICE: 8/26/2024



LINDEN
215 S MAIN ST
LINDEN, MI 48451-9998
(800)275-8777

08/23/2024 04:29 PM

Product	Qty	Unit Price	Price
Priority Mail®	1		\$14.25
Brentwood, TN 37027			
Weight: 3 lb 10.60 oz			
Expected Delivery Date			
Mon 08/26/2024			
Insurance			\$0.00
Up to \$100.00 included			
Restricted Del			\$12.75
Recipient name			
THOMAS ANDERSON			
Tracking #:			
70203160000230014896			
Return Receipt			\$4.10
Tracking #:			
9590 9402 8627 3244 0682 06			
Total			\$31.10

Grand Total: \$62.20

Credit Card Remit \$62.20

Card Name: VISA
Account #: XXXXXXXXXXXX8359
Approval #: 513292
Transaction #: 665
AID: A0000000031010 Chip
AL: VISA CREDIT
PIN: Not Required

UFN: 255460-0451
Receipt #: 840-54930036-1-5522121-2
Clerk: 6

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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

Brentwood, TN 37027

Certified Mail Fee \$4.10

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$0.00

Return Receipt (electronic) \$12.75

Certified Mail Restricted Delivery \$0.00

Adult Signature Required \$0.00

Adult Signature Restricted Delivery \$

Postage \$14.25

Total Postage and Fees \$31.10

Postmark: LINDEN, MI 48451 0451 6
AUG 23 2024
08/23/2024 USPS

THOMAS ANDERSON
1187 OLD HICKORY BLVD STE 125
BRENTWOOD TN 37027-4248

USPS TRACKING #
NASHVILLE TN 370
70203160000230014896

9590 9402 8627 3244 0682 06

United States Postal Service

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

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

17195 SILVER PKWY
PMB #150
FENTON, MI 48430-3426



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:

THOMAS ANDERSON
1187 OLD HICKORY BLVD STE 125
BRENTWOOD TN 37027-4248

2. Article Number (Transfer from service label)
7020 3160 0002 3001 4896

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Thomas Anderson Agent Addressee

B. Received by (Printed Name)
Thomas Anderson

C. Date of Delivery
Aug 26, 24

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

3. Service Type

Adult Signature Priority Mail Express®
 Adult Signature Restricted Delivery Registered Mail™
 Certified Mail® Registered Mail Restricted Delivery
 Certified Mail Restricted Delivery Signature Confirmation™
 Collect on Delivery Signature Confirmation Restricted Delivery
 Collect on Delivery Restricted Delivery
 Insured Mail
 Insured Mail Restricted Delivery (over \$500)

9590 9402 8627 3244 0682 06

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