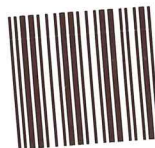




1007



30303

U.S. POSTAGE PAID
PME 1-Day
SANDY SPRINGS, SC
29677
SEP 15, 20
AMOUNT

\$0.00

R2305K139962-03



CUSTOMER USE ONLY

FROM: (PLEASE PRINT)

PHONE 202 489-9863

Chair of St. Peter
P.O. Box 160
Sandy Springs, S.C. 29677



EE 224748080 US



**PRIORITY
MAIL
EXPRESS™**

PAYMENT BY ACCOUNT (if applicable)

USPS® Corporate Acct. No.

Federal Agency Acct. No. or Postal Service™ Acct. No.

DELIVERY OPTIONS (Customer Use Only)

☐ **SIGNATURE REQUIRED** Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

Delivery Options

- ☐ No Saturday Delivery (delivered next business day)
☐ Sunday/Holiday Delivery Required (additional fee, where available*)
☐ 10:30 AM Delivery Required (additional fee, where available*)
 *Refer to USPS.com® or local Post Office™ for availability.

TO: (PLEASE PRINT)

PHONE ()

U.S. Dist. Court
Richard B Russell Bld. Rm 2022
75 Ted Turner Dr S.W.
Atlanta, GA

ZIP + 4® (U.S. ADDRESSES ONLY)

30303

- For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
 ■ \$100.00 insurance included.

ORIGIN (POSTAL SERVICE USE ONLY)

☒ 1-Day☐ 2-Day☐ Military☐ DPO

PO ZIP Code

29677

Scheduled Delivery Date (MM/DD/YY)

9-16-20

Postage

\$

Date Accepted (MM/DD/YY)

9-15-20

Scheduled Delivery Time

☐ 10:30 AM ☐ 3:00 PM☒ 12 NOON

Insurance Fee

\$

COD Fee

\$

Time Accepted

12:51

☐ AM☒ PM

10:30 AM Delivery Fee

\$

Return Receipt Fee

\$

Live Animal Transportation Fee

\$

Special Handling/Fragile

\$

Sunday/Holiday Premium Fee

\$

Total Postage & Fees

Weight

1

lbs.

ozs.

Acceptance Employee Initials

UBP

\$ 26.35

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt (MM/DD/YY)

Time

Employee Signature

☐ AM☐ PM

Delivery Attempt (MM/DD/YY)

Time

Employee Signature

☐ AM☐ PM

LABEL 11-B, OCTOBER 2016

PSN 7690-02-000-9996

1-ORIGIN POST OFFICE COPY

WRITE FIRMLY WITH BALL POINT PEN ON HARD SURFACE TO MAKE ALL COPIES LEGIBLE.