

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:

JORGE MERCADO
1652 SW SCHLEICHER LN
PORT ST LUCIE, FL 34984
NON LETTER 30616 COMP 5/9/24



9590 9402 6956 1104 8067 34

2. Article Number (Transfer from service label)

9589 0710 5270 1243 5853 06

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

4/11/24

D. Is delivery address different from item 1?

☐ Yes

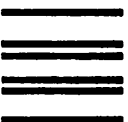
If YES, enter delivery address below:

☐ No

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☐ Signature Confirmation™☐ Signature Confirmation
Restricted Delivery

USPS TRACKING #



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

9590 9402 6956 1104 8067 34

**United States
Postal Service**

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

CONTRACTOR LICENSING

**CITY OF PORT ST LUCIE
121 SW PORT ST LUCIE BLVD
PORT ST LUCIE, FL 34984**