

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Fred C. Rindlisbaker
c/o Rosa Rindlisbaker
1333 Hatch Loop
Bancroft, ID 83217

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Rosa Rindlisbaker* B. Date of Delivery *10/24/01*

C. Signature *X Rosa Rindlisbaker* ☐ Agent ☒ Addressee

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

BANCROFT ID
OCT 24 PM

E. Service *2001*
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7099 3400 0014 6421 2201

PS Form 3811, July 1999

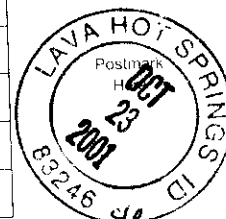
Domestic Return Receipt

102595-00-M-0952

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

7099 3400 0014 6421 2201

Postage	\$ <i>8.00</i>
Certified Fee	<i>2.10</i>
Return Receipt Fee (Endorsement Required)	<i>1.50</i>
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ <i>4.40</i>



Recipient's Name (Please Print Clearly) (to be completed by mailer) *Rosa Fred C. Rindlisbaker Estate/Rindlisbaker*
Street, Apt. No., or PO Box No. *1333 Hatch Loop*
City, State, ZIP+4 *Bancroft, ID 83217*

PS Form 3800, February 2000

See Reverse for Instructions