

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

OFFICIAL USE

7000 1530 0000 9414 8673

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

Postmark
Here

Sent To
Edith Marie Floch Revoc Trust
Street, Apt. No.; or PO Box No.
4967 Minaloosa Valley Rd
City, State, ZIP+ 4
Plummer ID 83851

PS Form 3800, May 2000

See Reverse for Instructions

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 desired.

1. Article Addressed to:

FLOCH, EDITH MARIE REVOC
TRUST
4967 MINALOOSA VALLEY RD
PLUMMER, ID 83851

2. Article Number
(Transfer from service label)

7000 1530 0000 9414 8673

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Marie Floch ☒ Agent ☐ Addressee

B. Received by (Printed Name)

Marie Floch

C. Date of Delivery

3/14/12

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

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

Domestic Return Receipt

102595-02-M-1540