

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.

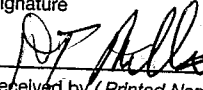
1. Article Addressed to:

MILLER, DONALD T & MARGARET J
295 LODGEPOLE RD
ATHOL, ID 83801

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☒ Addressee

B. Received by (Printed Name)

Don Miller

C. Date of Delivery

3/20/13

D. Is delivery address different from item 1? ☒ Yes

If YES, enter delivery address below:

☒ No

MAR 22 2013

DEPARTMENT OF

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service)

7012 1640 0001 3856 6808

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540