

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:

SCHOEPP, NANCY L
11679 E BUNCO RD
ATHOL, ID 83801

COMPLETE THIS SECTION ON DELIVERY**A. Signature****X***Donis J Love*☐ Agent☐ Addressee**B. Received by (Printed Name)***Donis J Love***C. Date of Delivery***3-20***D. Is delivery address different from item 1?**☐ Yes

If YES, enter delivery address below:

☐ No**RECEIVED****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 7409

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540