

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. MITSON, SCOTT
328 S SEELEY ST
POST FALLS, ID 83854

COMPLETE THIS SECTION ON DELIVERY

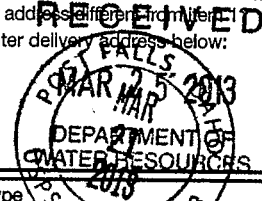
A. Signature

X *Leslie Collier*☐ Agent☐ Addressee

B. Received by (Printed Name)

Leslie Collier

C. Date of Delivery

*3-21-13*D. Is delivery address different from item 1?
If YES, enter delivery address below:☐ Yes☐ No

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 label)

7012 1640 0001 3856 6839

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540