

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, ALDEN H
PO BOX 2954
HAYDEN, ID 83835

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Alden H. Miller*

☐ Agent
☐ Addressee

B. Received by (Printed Name)

Alden H. Miller

C. Date of Delivery

3-28-63

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below

☐ No

RECEIVED
APR 02 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 label)

7012 1640 0001 3856 6792

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540