

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:

JAMES EASTLICK
76 19TH ST
HAVRE MT 59501

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

4-3-13

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No**RECEIVED**
APR 08 2013**DEPARTMENT OF
WATER RESOURCES**

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes2. Article Number
(Transfer from service label)

7012 1640 0001 3856 0042

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540