

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:

DANIEL H WALSER
1565 HIGHWAY 6
POTLATCH ID 83855

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Daniel Walser ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

05/30/28

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

3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

7016 1370 0000 2018 6008

PS Form 3811, July 2013

Domestic Return Receipt