

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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.

WILLIAM M KNOTT
2945 CLYDE RD
MOSCOW ID 83843



9590 9403 0913 5223 3886 09

2 Article Number (Transfer from service label)

7016 1370 0000 2016 6925

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x BG

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

R I

C. Date of Delivery

5-30

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

C19

3. Service Type

- ☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery

- ☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

1 Mail
1 Mail Restricted Delivery
500)

Domestic Return Receipt