

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.

CITY OF POTLATCH
195 6TH STREET
POTLATCH ID 83855



9590 9403 0913 5223 3889 37

Article Number (Transfer from service label)

7012 3050 0001 2131 9104

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Judi Davis

☒ Agent

☐ Addressee

B. Received by (Printed Name)

Judi Davis

C. Date of Delivery

6/2/20

D. Is delivery address different from item 1? ☒ Yes

If YES, enter delivery address below: ☐ No

p.o. 525

potlatch ID 83855

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

Mail

Mail Restricted Delivery

(over \$500)

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

Domestic Return Receipt