

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.

1. Article Addressed to:
 SHERRY L NYGAARD
 9133 HIGHWAY 12
 KAMIAH ID 83536



9590 9402 2140 6132 5080 62

2. Article Number (Transfer from service label)

7016 1370 0000 2016 7359

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Carne Nygaard*

☒ Agent
☐ Addressee

B. Received by (Printed Name)

Carne Nygaard

C. Date of Delivery

6-1-20

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

*PO Box 845
 Kamiah, Id
 83536*

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

Insured Mail
 Insured Mail Restricted Delivery
 (over \$500)

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

Domestic Return Receipt