

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.

KEVIN L NORWOOD

PO BOX 337

POTLATCH ID 83855



9590 9403 0913 5223 3889 75

2. Article Number (Transfer from service label)

7016 1370 0000 2016 7335

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X MB RY C19

☐ Agent

☒ Addressee

B. Received by (Printed Name)

K. Norwood

C. Date of Delivery

6-4

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

If YES, enter delivery address below:

☐ No

3. Service Type

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☒ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Insured Mail

☐ Mail Restricted Delivery

(500)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation

Restricted Delivery

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

Domestic Return Receipt