	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
	<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery Is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	A. Signature  X  B. Received by (Printed Name)  C. Date of Delivery  D. Is delivery address different from item 1?   If YES, enter delivery address below:
	MARY ANN MIX PO BOX 2897 SUN VALLEY ID 83353	3. Service Type  Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
	a.	4. Restricted Delivery? (Extra Fee) ☐ Yes
	2. Article Nu 7016 0750 0000 5029 0312	
	PS Form 3811, July 2013 Domestic Return Receipt	

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