	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
	 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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. Article Addressed to: 	A. Signature Addressee B. Received by Parked Name C. Date of Delivery D. Is delivery address different from item 1? Yes If YES, enter address delivery address below:
X	ROSS SUTTON PO BOX 3168 HAILEY ID 83333	83333
		3. Service Type ☐ Certified Mail® ☐ Priority Mall Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
		4. Restricted Delivery? (Extra Fee) ☐ Yes
	2. Article Number 7016 0750 0000 5029 0329 (Transfer from s	
	PS Form 3811, July 2013 Domestic R	eturn Receipt

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