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. 1. Article Addressed to: MAURICE GRADY	A. Signature X Tevre Caraca Agent Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from them 1? Yes If YES, enter delivery address below: No
PO BOX 4426 POCATELLO ID 83205	3. Service Type Certified Mail □ Express Mail □ Registered □ Return Receipt for Merchandise □ Insured Mail □ C.O.D.
2. Article Number	4. Restricted Delivery? (Extra Fee)
(Transfer from service label) 7016 0750	0000 5028 6834
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

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