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>	B. Received by (Printed Name) C. Date	
WOOD LIVING TRUST C/O EDWARD M WOOD PO BOX 670	RECEIVE JAN 2 1 2020	* * * * * * * * * * * * * * * * * * * *
CASCADE, ID 83611	3. Service Type  Certified Mall  Registered  Insured Mall  DEPARTMENT OF  VATERIAL TOP  Receipt for Meters  C.O.D.	s
	4. Restricted Delivery? (Extra Fee)	/es
2. Article Number (Transfer from service label) 7016 0750	0000 5028 5509	
PS Form 3811, February 2004 Domestic Retu	urn Receipt	00 M 1540

5509	U.S. Postal Service™ CERTIFIED MAIL® REC	
Ŋ	For delivery information, visit our website	e at www.usps.com®.
5028	Certified Mail Fee	USE
	\$	
0000	Extra Services & Fees (check box, add fee as appropriate)  Return Receipt (electronic) \$  Certified Mall Restricted Delivery \$  Adult Signature Required \$  Adult Signature Restricted Delivery \$	Postmark Here
50	Postage	
075	\$ Total Postage and Fees	
7016	Sent To Wood Living Trust C/o Street and Apt. No., or PO Box No. PO Bix 610 City, State, ZIP-4	Edward M Wood
	Cuscade ID 8	3611
ı	PS Form 3800, April 2015 PSN 7530-02-000-9047	See Reverse for Instructions