

CERTIFIED MAIL™ RECEIPT

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OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

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Here

Sent To

Street, Apt. No.;

or PO Box No.

City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

05/24/2011

DOB

Howard Riedo

6426 Maplewood Ave

East Falls ID 83854

2559 4092 0000 0200 0000