

SENDER: COMPLETE THIS SECTION

- 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:

Arne Vetrhus
34 Coiner Lane
Salmon ID 83467

2. Article Number
(Transfer from service label)

7007 1490 0002 8989 7979

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Handwritten Signature]

☐ Agent
☒ Addressee

B. Received by (Printed Name)

Arne Vetrhus

C. Date of Delivery

9-9-08

D. Is delivery address different from item 1?
If YES, enter delivery address below:

☐ Yes
☒ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

Domestic Return Receipt

102595-02-M-1540