

SENDER: COMPLETE THIS SECTION

- Complete item _____, 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:

Doreen Williams
 c/o John Timothy Day
 PO Box 216
 Eastport ID 83826

2. Article Number

(Transfer from service label)

7006 2150 0002 8779 3047

COMPL FTE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

John T. Day

C. Date of Delivery

7/23/08

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

RECEIVED

JUL 25 2008

Villali

3. Service type

X

Certified Mail

☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

IDWR/North