

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:

**JACK JAKOVAC
71 RED ROCK STAGE RD
SALMON ID 83467**

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X  ☒ Addressee

B. Received by (Printed Name) C. Date of Delivery
JACK JAKOVAC 5-20-06

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

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from service label)

7002 3150 0005 3816 4214

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540