

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:

City of Blackfoot
Ron Harwell
157 N Broadway
Blackfoot ID 83221

COMPLETE THIS SECTION ON DELIVERY

A. Signature

~~X~~ *Tiffani Wren*☒ Agent
☐ Addressee

B. Received by (Printed Name)

Tiffani Wren

C. Date of Delivery

8-23-07

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☒ No

3. Service Type

~~XXX~~ 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)

7006 2760 0005 6779 0781

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540