

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:

Mary Taylor
4825 E 21st South
Idaho Falls ID 83401

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

X Mary Taylor

☐ Agent
☒ Addressee

C. Date of Delivery

10-27-2007

D. Is delivery address different from item 1? ☐ Yes
If 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

(If from service label)

7006 2760 0005 6779 0644

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540