

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:

Raymond L Judy
1107 Kearney
Idaho Falls ID 83401

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☒ Addressee
X *R. L. Judy*

B. Received by (Printed Name) *Ray L Judy* C. Date of Delivery *6/21/07*

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. *F* Number
(i.e., from service label)

7004 2510 0006 5217 7090

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540