

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 Ammon
2135 S Ammon Rd
Ammon ID 83406

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Maria Jones*

☒ Agent

☐ Addressee

B. Received by (Printed Name)

Maria Jones

C. Date of Delivery

6-21-07

D. Is delivery address different from item 1?

☐ Yes

☐ No

If YES, enter delivery address below:

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

7006 2760 0005 6779 0668

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540