

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:

George Brown MD
1439 Cambridge Dr
Idaho Falls ID 83401

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

George Brown

☐ Agent

☐ Addressee

B. Received by (Printed Name)

George Brown

C. Date of Delivery

5/29/07

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. Article Number

(If from service label)

7006 2760 0005 6778 6944

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540