

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:

Duane or Monarae Whipple
2994 N 2400 W
Arco ID 83213

2. Article Number

(Transfer from service label)

7006 2760 0005 6779 2396

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Monarae Whipple

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Monarae Whipple

C. Date of Delivery

3-1-07

D. Is delivery address different from item 1?
If YES, enter delivery address below:

- ☐ Yes
☐ No

RECEIVED

MAR 12 2007

3. Service Type

XXX Certified Mail

Express Mail

☐ Registered

Return Receipt for Merchandise

☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

- ☐ Yes