

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:

G David or Theresa Dalling
1708 N 2250 E
Hamer ID 83425

2. Article Number

(Transfer from service label)

7002 3150 0005 3816 4085

PS Form 3811, August 2001

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X*Theresa Dalling*☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

2 23-06D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

XX☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

Domestic Return Receipt

102595-02-M-1540