

**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: ADM/ 72-16602

ARCHIE SHERWOOD  
PO BOX 163  
CHALLIS ID 83226

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

(Transfer from service label)

7002 0510 0001 0739 1468

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**U.S. Postal Service****CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

CHALLIS, ID 83226

Postage \$ 0.63

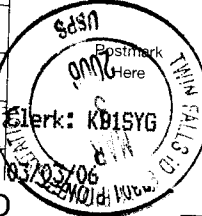
Certified Fee 2.40

Return Receipt Fee  
(Endorsement Required) 1.85Restricted Delivery Fee  
(Endorsement Required)

Total Postage &amp; Fees \$ 4.88

Sent To: ARCHIE SHERWOOD  
PO BOX 163  
Street, or PO Box: CHALLIS ID 83226  
City, State, ZIP+4:

UNIT ID: 0372



7002 0510 0001 0739 1468

PS Form

Instructions