

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/72-16601

TAIT JOHNSON
PO BOX 680792
PARK CITY UT 84068

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery _____

C. Signature _____

☒ Agent
☐ Addressee
☐ 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 (Copy from service label)

7002 0510 0001 0739 1475

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789