

SENDER:

- Complete item 1 and/or 2 for additional services.
- Complete item 3 and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece next to the article number.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

74-07346
KURT BIRD
HC 68 BOX 40
LEADORE

ID 83464

4a. Article Number

Z 269 221 999

4b. Service Type

- ☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery

10-29-99

5. Signature (Addressee)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Agent)

PS Form 3811, October 1990 *U.S. GPO.

Z 269 221 999

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.
Do not use for International Mail.

Sent to

Street & Number

Post Office, State, & ZIP Code

Postage

\$

Certified Fee

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing to Whom & Date Delivered

Return Receipt Showing to Whom, Date, & Addressee's Address

TOTAL Postage & Fees

\$

Postmark or Date

PS Form 3800 April 1995

ID 83464

74-07346
KURT BIRD
HC 68 BOX 40
LEADORE