

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:

**City of Bancroft
PO Box 39
Bancroft ID 83217**

2. Article Number
(Transfer from service label)

7002 3150 0005 3816 4009

PS Form 3811, August 2001

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *[Signature]*

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

JOEL THOMPSON

C. Date of Delivery

2-7-06

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

Domestic Return Receipt

102595-02-M-1540