

ted on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete item 4a and 4b.
- 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 below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

75-07594
J REX TOLMAN
RT 1 BOX 247
SALMON

ID B3467

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

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

Consult postmaster for fee.

4a. Article Number

Z 269 222 006

4b. Service Type

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

7. Date of Delivery

10-29-99

8. Addressee's Address (Only if requested)

Is your RETURN?

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, December 1991 ☆ U.S.G.P.O.

Z 269 222 006

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 B3467

75-07594
J REX TOLMAN
RT 1 BOX 247
SALMON

you for using Return Receipt Service.