

ated on the reverse side?

SENDER:

- Complete items 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 below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

75-07603
GEORGE WILSON
HC 61 BOX 18A
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 269 222 005

4b. Service Type

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

7. Date of Delivery

8. Addressee's Address (Optional)

Is your RETURN

5. Signature (Addressee)

George Wilson

6. Signature (Agent)

GEORGE WILSON

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

Z 269 222 005

US Postal Service

Receipt for Certified

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

you for using Return Receipt Service.

ID B3467

75-07603
GEORGE WILSON
HC 61 BOX 18A
SALMON