

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:

Anderson Nelson Hall Smith
Marvin Smith
PO Box 51630
Idaho Falls ID 83405-1630

2. Article Number
(Transfer from service label)

7002 3150 0005 3816 3118

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Tamra Shipper*☐ Agent☐ Addressee

B. Received by (Printed Name)

Tamra Shipper

C. Date of Delivery

*10-6-05*D. Is delivery address different from item 1? ☐ YesIf 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