

CERTIFIED MAIL™ RECEIPT

Domestic Mail Only; No Insurance Coverage Provided

For delivery information visit our website at www.usps.com

7003 0500 0003 1969 4267

Postage	\$
Certified Fee	
Receipt Fee (if not Required)	
Delivery Fee (if not Required)	
Package & Fees	\$

8/25/05
Postmark
Here
alg

JACK & KARLA POST

At No

x No PO BOX 298

ZIP+4

MOUNTAIN HOME ID 83647

PS Form 3800, June 2002

See Reverse for Instructions

SENDER:

- Complete items 1 and 2 for additional services.
- Complete items 3, 4, 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.

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

JACK & KARLA POST
PO BOX 298
MOUNTAIN HOME ID 83647

61-11963

7003 0500 0003 1969 4267

4b. Service Type

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

7. Date of Delivery

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

5. Received By: (Print Name)

Jack Post

6. Signature: (Addressee or Agent)

X *Jack Post*