

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:

**ANDREW POVEY
2602 POVEY RD
AMERICAN FALLS ID 83211**

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Brooke Povey ☐ Agent ☒ Addressee

B. Received by (Printed Name)

BROOKE POVEY

C. Date of Delivery

8-17-2004D. 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

2. Article Number

(Transfer from service label)

7001 2510 0007 6760 3067

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540