

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:

**US DEPT OF INTERIOR
BUREAU OF RECLAMATION
ATTN: E GAIL MCGARRY
1150 N CURTIS RD STE 100
PN-3100
BOISE ID 83706-1234**

2. Article Number
(Transfer from service label)

PS Form 3811, August 2001

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Brenda J. J. J.*

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

8-19-04

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Registered

☐ Insured Mail

☐ Express Mail

☐ Return Receipt for Merchandise

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7001 2510 0007 6760 3036

Domestic Return Receipt

102595-02-M-1540