

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 E Povey
2602 Povey Rd
American Falls Id 83211

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

BROCKE POVEY

B. Date of Delivery

5-20-01

C. Signature

X Brocke Povey☒ Agent☐ Addressee

D. Is delivery address different from item 1?

☐ Yes

If 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 (Copy from service label)

7001 2510 0007 6760 3401

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952