

SENDER

- Complete items 1 and/or 2 for additional services.
- Complete items 3 and 4a & b.
- 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. back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece and the article number.

3. Article Addressed to: **WD-45-A SOUTH** Registration Number: **1505**

LE ROY FAIRCHILD
RT 1 BOX 145
OAKLEY ID 83346

4b. Service Type
 Registered Insured
 Certified CASI
 Express Mail Return Receipt for Merchandise

5. Signature (Addressee)
Le Roy Fairchild

Date of Delivery: **6-2-94**

6. Signature (Agent)
[Signature]

8. Addressee's Address (if not requested and fee is paid)

United States Postal Service

Official Business

RECEIVED
JUN 03 1994
 SOUTH REGIONAL OFFICE

Print your name, address and ZIP Code here
LE ROY FAIRCHILD
RT 1 BOX 145
OAKLEY ID 83346

U.S. MAIL

Penalty for Private Use \$300