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 return this card to you. • Attach this form to the front of the mailpiece, or on the bac does not permit. • Write "Return Receipt Requested" on the mailpiece below the temporary that the second	k if space 1. Addressee's Address
3. Article Addressed to: TERTLING TRUST NO 7 877 W MAIN STE 706 BOISE ID 83702	4a. Article Number 2 38 4 917 25/ 4b. Service Type Registered Insured Certified COD Express Mail Return Receipt for Merchandise 7. Date of Delivery
5. Signature (Addressee) 6. Signature (Agent) PS Form 3811, December 1991	8. Addressee's Address (Only if requeste and fee is paid) DOMESTIC RETURN RECEIP

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