U.S. Postal Service SENDER: ■Complete items 1 and/or 2 for additional services i also wish to receive the Complete items 3, 4a, and 4b.

Print your name and address on the card to you.

Attach this form to the iron of the removed th following services (for an on the reverse of this form so that we car return this extra fee): Service 1. Addressee's Address 2. Restricted Delivery The Return Receipt will an delivered. w to whom the article was delivered and the date Consuit postmaster for fee. 3. Article Addressed to: Is your RETURN ADDRESS completed 4a. Article Number 7001 000601982 HEARING CLERK 4b. Service Type Robert Christensen VIRO MENTAL □ Registered Certified 1014 3d Avenue, NE ☐ Express Mail ☐ insured Brainerd, MN 56401 ☐ Return Receipt for Merchandise ☐ COD 7. Date of Delivery Thank you 5. Received By: (Print Name) 8. Addressee's Address (Only if requested and fee is paid) 6. Signature: (Addressee or Agent) December 1994 Domestic Return Receipt UPURTICATI PS Form 3811, December 1994 Domestic Return Receipt

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