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:

David Kerrick, Esquire
Attorney at Law
P.O. Box 44
Caldwell, Idaho 83606

COMPLETE THIS SECTION ON DELIVERY

A Received by (Please Print Clearly) David Kerrick B. Date of Delivery 11/2/05

C Signature X [signature] ☐ Agent ☒ Addressee

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

P O Box 44

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) 7660 1670 0000 3919 4038

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

DAnd Cutler CUA -10-2005-0188

Decision issued 10/26/05.