


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature X  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
<div style="border: 1px solid black; padding: 5px;"> <p><b>Craig Mungas, Receiver</b>  <b>Bjornson Law Offices</b>  <b>2809 Great Northern Loop, Ste. 100</b>  <b>Missoula, MT 59808</b></p> </div>	B. Received by (Printed Name) Jill Broughton	C. Date of Delivery 9/21/15
	Address different from item 1? <input type="checkbox"/> Yes Delivery address below: <input checked="" type="checkbox"/> No	
 9590 9403 0670 5183 4813 87	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery	
2. Article Number (Transfer from service label) 7014 1200 0001 4320 9558	<input type="checkbox"/> Mail Restricted Delivery (00)	
PS Form 3811, April 2015 PSN 7530-02-000-9053		Domestic Return Receipt