

10-05-16

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:

OCT 3 2016

#SDWA-08-2016-0038

X

U.S. Dept. of Veterans Affairs
c/o Kathy Berger, Director
Sheridan VA Medical Center
1898 Fort Road
Sheridan, WY 82801

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Cathy Hallan

☒ Agent

☐ Addressee

B. Received by (Printed Name)

Cathy Hallan

C. Date of Delivery

10-5-16

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

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

(Transfer from service label)

7012 2210 0000 5367 7702