

PS Form 3811, February 2004
Domestic Return Receipt
102595-02-M-1540

2. Article Number
(Transfer from service label)
7004 1350 0001 5667 5154

1. Article Addressed to: **Dr. Angelita Felix, Acting Deputy Director
Office of the Deputy Director
Bureau of Indian Education
P.O. Box 829
Albuquerque, NM 87103-0829**
MAR 25 2008

■ 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.

SENDER: COMPLETE THIS SECTION

A. Signature *[Signature]*
B. Received by (Printed Name) *Angelita Felix*
C. Date of Delivery *3-28-08*
D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Registered ☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

COMPLETE THIS SECTION ON DELIVERY

PS Form 3811, February 2004
Domestic Return Receipt
102595-02-M-1540

2. Article Number
(Transfer from service label)
7004 1350 0001 5669 5161

1. Article Addressed to: **Rose Marie Davis, Education Line Officer
Turtle Mountain Education Line Office
P.O. Box 30
School Street, Building #16
Belcourt, ND 58316**
MAR 25 2008

■ 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.

SENDER: COMPLETE THIS SECTION

A. Signature *[Signature]*
B. Received by (Printed Name) *Rose Marie Davis*
C. Date of Delivery *3-28-08*
D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Registered ☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

COMPLETE THIS SECTION ON DELIVERY

RGR-08-2008-0004