

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Signature Agent Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from Item 970 Yes
1. Article Addressed to: SDWA 08 2007 0033	If YES, enter delivery address below:
Dan Holbrook, Operator Blain's Mobile Home Court 111 Jack St.	70 2007
Billings, MT 59101	3. Service Type Certified Mail Registered Return Receipt for Merchandise
SENF-WOCT 0 4 2007E	☐ Insured Mail ☐ C.O.D.
02.01.01.2001	4. Restricted Delivery? (Extra Fee) ☐ Yes
7005 0390 0000 4846 6893 1111111111111111 110CT 3 2007	
PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-1540