

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:

**Ed Stuiivenga
1460 Luke's Gulch Road
Grangevill, ID 83530**

2. Article Number
(Transfer from service label)

7012 1010 0003 2880 9079

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
Debra R Stuiivenga

B. Received by (Printed Name) C. Date of Delivery
Debra R Stuiivenga

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

*P.O. Box 674
Grangeville ID 83530*

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes