

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:

Tim O'Neal
CityServiceValcon, LLC
P.O. Box 1
640 West Montana
Kalispell, MT 59903

2. Article Number
(Transfer from service label)

7011 2970 0000 0876 4712

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Joe Carvel*

- Agent
 Addressee

B. Received by (Printed Name)

Joe Carvel

C. Date of Delivery

9-17-12

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

Domestic Return Receipt

102595-02-M-1540