

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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

1. Address

Western Construction, Inc.
 Mr. Robert Von Lintig, Project Manager
 10139 South Federal Way
 Boise, Idaho 83716



9590 9403 0670 5183 5101 93

2. Article Number (Transfer from service label)

7015 0640 0001 0935 7114

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Laurie Smith* Agent
 Addressee

B. Received by (Printed Name)

Laurie Smith

C. Date of Delivery

4/20

Is this address different from item 1? Yes
 No

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Restricted Delivery | |