```
 ####   ### #  ### ###  ##
   #   #   ##   #   #
   #   #        #   #
   #    ####    #####
#  #        #   #   #
#  #        #   #   #
#  #   ##   #   #   #
 ###    # ###  ### ###  ##
```

Job : 2
Date: 6/20/2012
Time: 6:53:22 AM

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:

Robert D. E. Sharp
Mayor
City of Culdesac, Idaho
100 Sixth Street
Culdesac, ID 83524

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*)

C. Date of Delivery 6-11-12

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

2. Article Number (*Transfer from service label*) 7011 2970 0000 0876 4576

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