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 X Agent B. Received by (Printed Name) C. Date of Delivery C. Date of Deliver
1. Article Addressed to: Robert Taylor U.S. Silver-Idaho, Inc. Coeur & Galena Mines & Mills PO Box 440 Wallace, ID 83873	
	3. Service Type Certified Mail Registered Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number 7013 17 (Transfer from service label)	710 0002 3980 3069
PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-1540