

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 on the front if space permits.

1. Article Addressed to:

Mr. Clifford Serawop
Superintendent
Bureau of Indian Affairs
P.O. Box 69
Crow Agency, MT 59022
#SDWA-D8-2019-0012



9590 9402 3196 7166 7837 42

2. Article Number (Transfer from service label)

7012 2210 0000 5373 3606

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Morrison*

☐ Agent

☐ Addressee

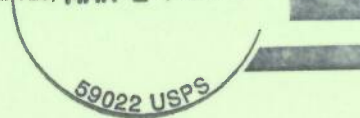
B. Received by (Printed Name)

Morrison

C. Date of Delivery

3/21/19

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



3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery