

**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: *LOF-LSB*

AUG 12 2008

Joseph Duvall  
 Craig Bar  
 50 Craig Main Street  
 Wolf Creek, MT 59648

*T*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Vikki Crocker*  Ag  Ad

B. Received by (Printed Name) C. Date of  
*Vikki Crocker* *8-14*

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) 7005 0390 0000 4848 3845