

5000K 208-2009 -  
6014

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|---|--|
| <b>SENDER: COMPLETE THIS SECTION</b>  |  |
| <input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.<br><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.<br><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. |  |
| 1. Article Addressed to:  |  |
| LDS Church Ennis<br>131 Hwy 87<br>Ennis, MT 59729   |  |
| 7001 2510 0000 9830 0741  |  |
| PS Form 3811, July 1999 Domestic Return Receipt   |  |
| 102595-00-M-0952  |  |
| <b>COMPLETE THIS SECTION ON DELIVERY</b>  |  |
| A. Received by (Please Print Clearly)<br>Lynn M. Adkinson   | B. Date of Delivery  |
| C. Signature<br>X Lynn M. Adkinson  | <input type="checkbox"/> Agent<br><input type="checkbox"/> Addressee |
| D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If YES, enter delivery address below:  |  |
| 3. Service Type<br><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.  |  |
| 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes  |  |