

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p>
<p>1. Article Addressed to: JUL 08 2016 <i>SA</i></p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Mr. James Hoyt and Ms. Brenda Hoyt            PO Box 929            Browning, MT 59417            RCRA-08-2016-0001</p> </div>	<p>B. Received by (Printed Name) C. Date of Delivery  <i>Masala</i> <i>7-11-16</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <div style="text-align: center; border: 2px solid red; border-radius: 50%; padding: 10px; color: red; font-weight: bold;"> <p>JUL 11 2016</p> </div>
<p>2. Article Number          (Transfer from service label)</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7009 2250 0003 4169 1438</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	