 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 A. Agent Address B. Received by (Printed Name) C. Date of Delivery 723-12
1. Article Addressed to: Pastor Elise Packineau P.O. Box 496 New Toyon, ND 58762	D. Is delivery address different from item. ? LYes Common for the
New Town, ND 58763	3. Service Type Certified Mall Express Mall Registered Recum Receipt for Merchandi Insured Mail C.O.D.
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee)