

*City of Twin Falls* *N-9-12 H 10-8*

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature  <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p><i>Fritz Wondertlich</i>  <i>Wondertlich &amp; Wondertlich</i>  <i>Attorney At Law</i>  <i>P.O. Box 1812</i>  <i>Twin Falls, ID 83303-1812</i></p>		<p>B. Received by (Printed Name)  <i>JACQUINE WACKFIELD</i></p> <p>C. Date of Delivery  <i>5/31/11</i></p>	
		<p>D. Is delivery address different from item 12? <input type="checkbox"/> Yes          if YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
		<p>3. Service Type  <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>2. Article Number          (Transfer from service label)</p>			
PS Form 3811, August 2001		Domestic Return Receipt	
		2ACPRI-03-P-4081	