

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:

**Mayor Joel Jolley
P.O. Box 60
365 Rapid Creek Road
Inkom, ID 83245**

2. Article Number
(Transfer from service label)

7011 2970 0000 0880 8799

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Marilyn Brown* Agent Addressee

B. Received by (Printed Name) *MARILYN BROWN* C. Date of Delivery *11-29-12*

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes