

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee <small>(Endorsement Required)</small>		
Restricted Delivery Fee <small>(Endorsement Required)</small>		
Total Postage & Fees		

CAFO
 Postmark Here
 11/21/16

Dennis Wagner
 Wagner Construction
 3151 Highway 53
 International Falls, MN 56649
 CWA-08-2016-0018

Sent To
 Street, Apt. No.;
 or PO Box No.
 City, State, ZIP+4

PS Form 3800, A

7012 2210 0000 5367 8587

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ 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. <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 10px; text-align: center;"> <p>Dennis Wagner Wagner Construction 3151 Highway 53 International Falls, MN 56649 CWA-08-2016-0018</p> <p style="font-size: 1.5em; font-weight: bold; margin-top: 10px;">CAFO</p> </div>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>[Signature]</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Denise Kulis</i> 11/28</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> <p style="font-size: 1.5em; font-weight: bold; text-align: center;">3151 Hwy 53</p> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input 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 <small>(Transfer from service label)</small></p>	<p style="text-align: center;">7012 2210 0000 5367 8587</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	