

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

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OFFICIAL USE

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

Postmark
Here

Total Postage: **Curtis Yarlott, Executive Director**
St. Labre Indian School
P. O. Box 216
Ashland, MT 59003

Send To: _____
 Street, Apt., No.,
 or PO Box No. _____
 City, State, ZIP+4 _____

PS Form 3811, August 2004 See Reverse for Instructions

7006 3230 0003 0729 1324

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>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>X Georgia Wilson</i></p> <p>B. Received by (Printed Name) C. Date of Delivery <i>Georgia Wilson</i> JUN 28 2010</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="margin-left: 40px;">Curtis Yarlott, Executive Director St. Labre Indian School P. O. Box 216 Ashland, MT 59003</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>2. AI <u>CWA-08-2010-DOL</u> 7006 3230 0003 0729 1324</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>