

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

7008 3230 0003 0726 0504

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

10/2

Postmark
Here

Sent To _____
 Street, Apt. No.,
 or PO Box No. Brad Hall etc
 City, State, ZIP+4 3875 Am. Wy / Idaho Falls, ID 83402
 PS Form 3800, August 2006 See Reverse for Instructions

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: CWA-08-2014-0006
Brad Hall's Assoc., Inc
3875 American Way
Idaho Falls, ID 83402

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] Agent
 Addressee

B. Received by (Printed Name) [Signature] C. Date of Delivery 10/2/14

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

N OCT 03 2014

2. Article Number (Transfer from se) 7008 3230 0003 0726 0504

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540