

7009 3410 0000 2596 3063

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

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**CAFCO 4/24/12**

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		

Restrict (Endorser) Ron and Jody Newkirk, Owners

Total Pr  
 Arlington Outpost  
 Arlington Route, HC 64  
 P. O. Box 95  
 McFadden, WY 82083

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>Jody Newkirk</i></p> <p>C. Date of Delivery  <i>4-27-12</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No      If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>Ron and Jody Newkirk, Owners        Arlington Outpost        Arlington Route, HC 64        P. O. Box 95        McFadden, WY 82083</p>	<p>APR 24 2012 <i>X</i></p>	
<p>2. Article Number (Transfer from) 7009 3410 0000 2596 3063</p>	<p>3. Service Type  <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>PS Form 3811, February 2004 <i>J</i> Domestic Return Receipt</p>		<p>102595-02-M-1540 <i>CAFCO</i></p>