

7012 2210 0000 5367 8532

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

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

CAFO
Postmark
Here
12/9/16

Olivia Cramm
Big-D Construction Corporation
404 West 400 South
Salt Lake City, UT 84101
CWA-08-2016-0020

Sent To
Street, Apt. No.,
or PO Box No.
City, State, ZIP+4
PS Form 3800, Au

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 X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Julie Mitro-Jones</i> C. Date of Delivery <i>12/14/16</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: <i>DEC 11 2016</i></p> <p>Olivia Cramm Big-D Construction Corporation 404 West 400 South Salt Lake City, UT 84101 CWA-08-2016-0020 <i>A</i> <i>CAFO</i></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>2. Article Number (Transfer from service label)</p> <p>7012 2210 0000 5367 8532</p>	<p><i>DEC 14 2016</i></p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	