

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. 		A. Signature <input checked="" type="checkbox"/> Dale T. Stietz <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: FEB 29 2012		B. Received by (Printed Name) C. Date of Delivery Dale T. Stietz 03-3-12	
Dale Stietz, Owner Buckhorn Bar & Grill 25380 North Hwy 85 Newcastle, WY 82701		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
2. Article Number (Transfer from service label)		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.	
PS Form 3811, February 2004		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
		7009 3410 0000 2596 8884	
Domestic Return Receipt		102595-02-M-1540	

SDWA-08-2012-0014