

**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:

**Robert Campbell**  
**Central Regional Director**  
**Alaska Department of Transportation**  
**and Public Facilities**  
**PO Box 196900**  
**MS-2525**  
**Anchorage, AK 99519**

2. Article Number  
(Transfer from service label)

7010 2780 0000 2171 7443

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  
X   Agent  
 Addressee
- B. Received by (Printed Name)  
*JOHN RUSSELL*
- C. Date of Delivery  
*28 JULY 04*
- D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

Domestic Return Receipt

102595-02-M-1540