

**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:

David Hamilton                      MAR 10 2009  
 119~~9~~ Lane 3  
 Worland, WY 82401

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature   Agent  Addressee

B. Received by (Printed Name) David Hamilton C. Date of Delivery

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:



2. Article Number

*BRF-W*  
*Docket #* 005 1160 0005 3398 1359

(Transfer from service label)  
 PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

3. Service Type

- Certified Mail
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes