

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"/> <i>Celia Sibert</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>The Honorable Tami Holdahl Mayor of St. Maries 602 College Avenue P.O. Box 60 St. Maries, ID 83861</p> </div>	B. Received by (Printed Name) C. Date of Delivery <i>Celia Sibert</i> 9/16/13 D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input 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. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

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1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Nancy A. Wolff, Esq. Morris & Wolff. P.A. 722 Main Avenue St. Maries, ID 83861</p> </div>	B. Received by (Printed Name) C. Date of Delivery <i>Tina Rhodes</i> 9/16/13 D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
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