

**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:

APR 01 2014

APR 1 2014  
Tri-State Services of Baker, LLC  
P.O. Box 1095  
Baker, MT 59313  
G

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
*Judy Zumbro*  Addressee

B. Received by (Printed Name) C. Date of Delivery  
*Judy Zumbro* *4-3-14*

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

2. Article Number  
(Transfer from service label)

7008 3230 0003 0728 2940

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

CWA-08-2014-0019