SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X
1. Article Addressed to: AUG 0 8 2014	If YES, enter delivery address below:
Randolph K. Luskey, Registered Agent City Kids to Wilderness Project, Inc. 14950 S McCoy Road Jackson, WY 83001	3. Service Type  Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
HSDWA-08-2014-0028	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7008 3230 0003 0727 9940	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	