

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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,

Mr. Gerald Chouinard, Superintendent
Lame Deer Public Schools
P.O. Box 96
Lame Deer, MT 59043

#SDWA-08-2018-0035



9590 9402 3365 7227 3936 80

2. Article Number (Transfer from service label)

7012 2210 0000 5373 1190

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Pam Roberson Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
JHM Robinson 10-1-18

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

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |