

**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:

**GregMcEntarffer**  
**President and Project Manager**  
**Stanley Associates, Inc.**  
**P.O. Box 1719**  
**Twin Falls, ID 83303**

2. Article Number  
(Transfer from service label)

7014 1200 0001 4320 5512

PS Form 3811, July 2013

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 *Mike Swager*  Agent  
 Addressee

B. Received by (Printed Name)  C. Date of Delivery  
*MIKE SWAGER* *7-20-13*

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

3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

Domestic Return Receipt