

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <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>	<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee  <i>X Kaylene Aid</i></p> <p>B. Received by (Printed Name)  <i>Kaylene Aid</i></p> <p>C. Date of Delivery</p>
<p>1. Article Addressed to: <i>MAY 27 2011</i></p> <p>The Honorable Cedrick Black Eagle,  Chairman  Crow Indian Tribe  P.O. Box 400  Crow Agency, MT 59022</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <p>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.</p> <p>4. Restricted Delivery? (Extra Fee)    <input type="checkbox"/> Yes</p>
<p>2. Article Number  (Transfer from service label)</p>	<p><i>SDWA-08-2011-0045 E</i></p> <p>7009 3410 0000 2591 8964</p>
<p>PS Form 3811, February 2004      Domestic Return Receipt      102595-02-M-1540</p>	