

**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:

**Brent D. Reinke**  
**Director**  
**Idaho Department of Corrections**  
**1299 N. Orchard Street, Suite 110**  
**Boise, ID 83706**

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  
**X** *Joy L. Dalgarn*  Addressee
- B. Received by (Printed Name) *Joy L. Dalgarn* C. Date of Delivery *6-22-12*
- D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

- 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)

7010 2780 0000 2178 6173