SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Signature X Hene Schwale Agent Addresser B. Réceived by (Printed Name) C. Date of Delivery C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from Item 17 Yes
Schwab's Screw Machine 24458 Webb Road Lapwai, ID 83540	SEP -6 AH : 9 ARTHES CLERK Serving Per Learn Receipt for Merchandise Registered
	4. Restricted Delivery? (Extra Fee)
2 8820 2000 0001 0107	584 RCKA-10-11-0128
PS Form 3811, February 2004 Domestic	Return Receipt 102595-02-M-154

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