

Proof of Service

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">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 <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>S. Marshall</i>	
1. Article Addressed to:	B. Received by (Printed Name) <i>S. Marshall</i>	C. Date of Delivery <i>7-9-12</i>
SUSAN MARSHALL, CHAIRMAN NORTH ROUTT FIRE PROTECTION DISTRICT 61915 COUNTY ROAD 129 CLARK, CO 80428	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
<i>SDWA-08-2012-0033</i> <i>M JUL - 2 2012</i>	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.	
2. Article Number (Transfer from service)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes 7005 0390 0000 4845 3497	
PS Form 3811, August 2001	Domestic Return Receipt	102595-02-M-1540

7/11/2012

Judith M. McTernan