

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"/> X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: FEB 23 2012	B. Received by (Printed Name) <i>Richard Nelson</i> C. Date of Delivery
RICK NELSON FORT DEVILS TOWER 601 HIGHWAY 24 DEVILS TOWER, WY 82714	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No
SDWA-08-2011-0021 JB	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.
2. Article Number (Transfer from service)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
7009 3410 0000 2597 6919	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

3/6/12
Date

Judith M. McTernan