7351	U.S. Postal ServiceTM CERTIFIED MAILTM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) For delivery information visit our website at www.usps.com		
206	DOVE CHEEK	CIAL USE	
~	Postage	\$ 10.44 0535	
000	Certified Fee	*Z:00 00 2	
	Return Receipt Fee (Endorsement Required)	\$2.30 Postmark Here	
3770	Restricted Delivery Fee (Endorsement Required)	\$0.00 SS	
	Total Postage & Fees	\$ \$5.59 01/47/2013	
7005	Sent To  Street, Apt. No.; or PO Box No.  City, State, ZIP-4  PS Form 3800, June 2007	Mey M-2002-121 Bax 246 Pack, (8) 81324	
		See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <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>	A. Signature  X
1. Article Addressed to:  Address + bley  P.O. Bix 246	
P.O. Dex 246 Dare Creck, CO 81324	3. Service Type  Certified Mail  Registered Return Receipt for Merchandise  Insured Mail  C.O.D.
3,	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label)	3110 0005 2506 2351
PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-M-1540