

11-2011-028

7005 3110 0002 7206 7009

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
BAYFIELD CO 81122	
OFFICIAL USE	
Postage	\$ 0.45
Certified Fee	\$2.95
Return Receipt Fee (Endorsement Required)	\$2.35
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 5.75

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 JUN 20 2012
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Sent To Matt Cornahan, Four Corners Market Street, Apt. No., or PO Box No. 6699 CR 521 City, State, ZIP+4 Bayfield CO 81122	
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PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION <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. <p>1. Article Addressed to:</p> <p>Matt Cornahan Circle 510 Four Corners Market 6699 CR 521 Bayfield, CO 81122</p> <p>2. Article Number (Transfer from service label)</p>	COMPLETE THIS SECTION ON DELIVERY <p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Linda Johnson 6-27</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <p>3. Service Type <input 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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
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PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540