

| 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 X <i>Bryan A. Jensen</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee | |
| 1. Article Addressed to: <i>Bryan Jensen</i> <i>PO Box 54</i> <i>Badger, SD</i> <i>57214</i> | | B. Received by (Printed Name) <i>Bryan A. Jensen</i> C. Date of Delivery <i>7/25/17</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address here | |
| | | RECEIVED JUL 27 2017 SOUTH DAKOTA PL | |
| | | 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 label) | | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | |
| | | 7007 0710 0000 8014 9059 | |
| PS Form 3811, February 2004 | | Domestic Return Receipt | |
| | | 102595-02-M-1540 | |

| U.S. Postal Service TM | |
|--|---------------|
| CERTIFIED MAIL TM RECEIPT | |
| (Domestic Mail Only; No Insurance Coverage Provided) | |
| For delivery information visit our website at www.usps.com | |
| OFFICIAL USE | |
| Postage \$ | Postmark Here |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees \$ | |
| Sent To <i>Bryan Jensen</i> Street, Apt. No., or PO Box No. City, State, ZIP+4 <i>Badger</i> | |
| PS Form 3800, August 2006 See Reverse for Instructions | |