SENDER: COMPLETE THIS	SECTION	COMPLETE THIS SECTION ON DELIV	/ERY
 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. 1. Article Addressed to: Most Johnson 21067 431st Ave De Smet 30 		THATE ENOLUSER	Agent Addressee C. Date of Delivery
		D. Is delivery address different from item 1?	
Article Number (Transfer from service label)	7007 0710	0000 8014 9721	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-			

75.7	U.S. Postal Service TIM CERTIFIED MAIL TIM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) For delivery information visit our website at www.usps.com				
7					
17	OFFICIAL USE				
8014	Postage	\$			
	Certified Fee		10		
0000	Return Receipt Fee (Endorsement Required)		Postmark Here		
	Restricted Delivery Fee (Endorsement Required)				
0770	Total Postage & Fees	\$			
2007	Street, Apt. No.; or PO Box No.	le-John,	sch		
	City, State, ZIP+4	osmet			
	PS Form 3800. August 2		See Reverse for Instructions		