

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Gerald Puterbaugh
21696 409th Ave
Cavour, SD 57324



9590 9402 2822 7069 4592 71

2. Article Number (Transfer from service label)

7007 0710 0000 8014 9462

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Gerald Puterbaugh* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

Gerald Puterbaugh

C. Date of Delivery

7/22/17

D. Is delivery address different from item 1? ☒ Yes

If YES, enter delivery address below: ☐ No

21625 409th Ave

Cavour, SD 57324
RECEIVED
JUL 24 2017

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Mail
- ☐ Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Postmark
Here

Sent to

Gerald Puterbaugh

Street, Apt. No.,
or PO Box No.

City, State, ZIP+4

Cavour

PS Form 3800, August 2006

See Reverse for Instructions