7011 0470 0001 5368 0692

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: John Witt
Street, Apt. No.; or PO Box No.: P.O. Box 2121
City, State, ZIP+4: Yelm, WA 98597

PS Form 3800, August 2006 — See Reverse for Instructions

7010 0290 0003 4461 7008

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: H.A. Young
Street, Apt. No.; or PO Box No.: 1401 Glasier Dr.
City, State, ZIP+4: Carlsbad, NM 88220

PS Form 3800, August 2006 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- 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:

John T. Witt
P.O. Box 2121
Yelm, WA 98597

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X James S. Witt — ☐ Agent ☐ Addressee

B. Received by (Printed Name): James Witt — C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7011 0470 0001 5368 0692

SENDER: COMPLETE THIS SECTION

- 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:

H.A. Young
c/o Marvin N. Van Soest
1401 Glasier Dr.
Carlsbad, NM 88220

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X Kathryn Van Soest — ☐ Agent ☐ Addressee

B. Received by (Printed Name) — C. Date

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7010 0290 0003 4461 7008

PS Form 3811, February 2004 — Domestic Return Receipt — 10259