

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: MR & MRS JIMMY WHEELER RT 1 BOX 370 LOVINGTON NM 88260		4a. Article Number P 101 768 559	
5. Received By: (Print Name) _____		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) X		7. Date of Delivery _____	
8. Addressee's Address (Only if requested and fee is paid) _____			

Thank you for using Return Receipt Service.

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 #3 E. B. Anderson SWD Application

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to	
MR & MRS JIMMY WHEELER	
Street & Number	
RT 1 BOX 370	
Post Office, State, & ZIP Code	
LOVINGTON NM 88260	
Postage	\$ 1.01
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 3.46
Postmark or Date	
2/24/98 3/4/98	

PS Form 3811 April 1995 0083

Fold at line over top of envelope to the right of the return address.

CERTIFIED

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MAIL