

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

7122 MONTICELLO UT 84535 PM02B-1, OUTGOING
UNIT ID: 0022

Postage	\$ 3.95	Postmark Here
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	Clerk: KFM042
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 8.00	07/22/02

Recipient's Name (Please Print Clearly) (to be completed by mailer)
HERB MCHARG
Street, Apt. No., or PO Box No.
P O BOX 401
City, State, ZIP+4
MONTICELLO UT 84535

PS Form 3800 February 2000 See Reverse for Instructions

0025

7099 3400 0016 8895 6641

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:

**HERB MCHARG
SUWA
P O BOX 401
MONTICELLO UT 84535**

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **ANN WMC** B. Date of Delivery **2-25-02**

C. Signature **[Signature]** Agent Addressee

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

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 (Copy from service label)

7099 3400 0016 8895 6641

Domestic Return Receipt

102595-99-M-1789