

COMPLETE THIS SECTION

1. 2. and 3. Also complete if desired delivery is desired and address on the reverse return the card to you. The first back on the mail piece if space permits.

4. COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by / Printed Name Date of Delivery

C. Is delivery address different from item 1? No Yes

If YES, enter delivery address below:

APR 09 2007

84513

3. Service type: Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail G.O.D. Yes

4. Restricted Delivery? (Extra Fee) Yes

7004 2510 0004 1824 2970

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:

DREW SITTERUD
 EMERY COUNTY COMMISSIONER
 P O BOX 629
 CASTLE DALE UT 84513

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Drew Sitterud

Agent
 Addressee

B. Received by (Printed Name)

Drew Sitterud

C. Date of Delivery

APR 09 2007

D. Is delivery address different from item 1? If YES, enter delivery address below:

No

3. Service Type

- Certified Mail
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

(Transfer from service label) 7004 2510 0004 1B24 297D

PS Form 3811, August 2001

Domestic Return Receipt