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. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
00-186
1/19/01
Ron Franscell
1001 Clarion Drive
Gillette, WY 8278

4a. Article Number
0004 6087 4261

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
1.29.01

5. Received By: *(Print Name)*

8. Addressee's Address *(Only if requested and fee is paid)*

6. Signature: *(Addressee or Agent)*
X Ron F. Franscell

PS Form **3811**, December 1994 102595-97-B-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.

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

7099 3220 0004 6087 4261

Article Sent To:

Postage	$ .34
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ ~~3.40~~ 3.74

00-186
1/19/01

Postmark Here
JAN 23 2001
WASH, DC LENANT PLAZA STA

Name (Please Print Clearly) (To be completed by mailer)
Ron Franscell
Street, Apt. No.; or PO Box No.
1001 Clarion Drive
City, State, ZIP+4
Gillette, WY 8278

PS Form 3800, July 1999 See Reverse for Instructions