



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

Your address goes here

Example: Facility Management  
600 E Boulevard Ave Dept 130  
Bismarck ND 58505-0130

this gets put on the back  
of the mail piece

**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:

the address of the person you are sending the letter to goes here

Example: John Doe  
123 Main  
Any Town ND

2. Article Number (Copy from service label)

certified # goes here example 7099 3220 0002

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X

Agent  
 Addressee

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

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7099 3220 0002 8482 2530  
7099 3220 0002 8482 2530

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

Article Sent To:

Postage	\$
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50 if used
Restricted Delivery Fee (Endorsement Required)	3.20 if used
Total Postage & Fees	\$

Postmark Here

Sender keeps bottom portion

Name (Please Print Clearly) (To be completed by mailer)

John Doe  
Street, Apt. No., or PO Box No.  
123 Main  
City, State, ZIP+4  
Any Town ND