

SENDER COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- 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:

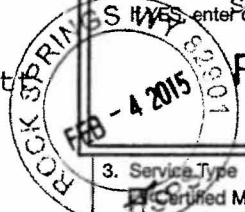
Mr. William Liggett  
 PO Box 1508  
 Rock Springs, WY  
 82901

A. Signature  
*Tom Liggett*  Agent  
 Addressee

B. Received by (Printed Name)  
 TOM LIGGETT

C. Date of Delivery

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



FEB 10 2015

3. Service Type

Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7013 3020 0000 6357 3259