

R: COMPLETE THIS SECTION

Complete items 1, 2, and 3.

Write 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, showing the front if space permits.

Addressed to:

MARTIN LINDSTEDT
338 RABBIT TRACK ROAD
GEORGETOWN MO 64844



90 9402 4327 8190 2235 13

Number (Transfer from service label)

14 2120 0003 3475 6610

3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

M. Lindstedt

B. Received by (Printed Name)

C. Date of Delivery

05-14

D. Is delivery address different from item 1? ☐ YES

If YES, enter delivery address below: ☐ NO

Post-Notification

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express
- ☐ Registered Mail
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation
- ☐ Signature Confirmation Restricted Delivery

Domestic Return

USPS TRACKING #



First-Class Mail
Postage & Fees
USPS
Permit No. G-1

590 9402 4327 8190 2235 13

ed States
tal Service

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

STANLEY COUNTY
CLERK OF COURTS
PO BOX 758
FORT PIERRE, SD 57532

