

**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:

Myra Pearson  
Spirit Lake Tribe  
P.O. Box 359  
Fort Totten, ND 58335

2. Article Number

(Transfer from service label)

7009 1680 0001 2567 6057

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Susie Fox*  Agent

Addressee

B. Received by (Printed Name)

Susie Fox

C. Date of Delivery

9/26/10

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.

Restricted Delivery? (Extra Fee)  Yes