

7006 3450 0002 3093 4866

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

For delivery information visit our website at www.usps.com®

WASHINGTON DC 20301

OFFICIAL USE

Postage	\$ 1.30	0616
Certified Fee	\$ 2.95	08
Return Receipt Fee (Endorsement Required)	\$ 2.35	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 6.60	10/23/2012

Sent To
 MG David Quantock
 Street, Apt. No.,
 or PO Box No. 1400 Defense Pentagon
 City, State, ZIP+4
 WASHINGTON, DC 20301-1400

PS Form 3800, August 2006 See Reverse for Instructions

7006 3450 0002 3093 4835

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

For delivery information visit our website at www.usps.com®

WASHINGTON DC 20240

OFFICIAL USE

Postage	\$ 1.30	0616
Certified Fee	\$ 2.95	08
Return Receipt Fee (Endorsement Required)	\$ 2.35	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 6.60	10/23/2012

Sent To
 KEN SALAZAR
 Street, Apt. No.,
 or PO Box No. 1849 C St. N.W.
 City, State, ZIP+4
 WASHINGTON, DC 20240

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 		A. Signature X <i>A. Wright</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>A. Wright</i> C. Date of Delivery <i>10-26-12</i>	
1. Article Addressed to: SECRETARY KEN SALAZAR Dept. of the INTERIOR 1849 C St. NW WASHINGTON, DC 20240		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label) 7006 3450 0002 3093 4835		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

