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YOUR LABEL NUMBER

70092820000413530569

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SERVICE

STATUS OF YOUR ITEM DATE & TIME LOCATION FEATURES

Delivered June 3, 2013, 2:03 pm URBANDALE, IA 50322 Certified Mail™

Arrival at Unit June 3, 2013, 6:34 am URBANDALE, IA 50322

Processed through USPS Sort Facility June 3, 2013, 2:37 am DES MOINES, IA 50318

Depart USPS Sort Facility June 2, 2013 DES MOINES, IA 50318

Processed through USPS Sort Facility June 2, 2013, 5:29 pm DES MOINES, IA 50318

Depart USPS Sort Facility May 31, 2013 ORLANDO, FL 32862

Processed through USPS Sort Facility May 31, 2013, 8:21 pm ORLANDO, FL 32862

70092820000473030570

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Delivered June 3, 2013, 10:15 am MINNEAPOLIS, MN 55429 Certified Mail™

Available for Pickup June 3, 2013, 9:44 am MINNEAPOLIS, MN 55429

Arrival at Unit June 3, 2013, 7:30 am MINNEAPOLIS, MN 55429

Processed through USPS Sort Facility June 2, 2013, 10:01 pm MINNEAPOLIS, MN 55401

Depart USPS Sort Facility June 2, 2013 MINNEAPOLIS, MN 55401

Depart USPS Sort Facility May 31, 2013 ORLANDO, FL 32862

Processed through USPS Sort Facility May 31, 2013, 8:19 pm ORLANDO, FL 32862

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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. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Kim E Chapman</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Kim E Chapman</i> C. Date of Delivery <i>10-3-13</i></p>
<p>1. Article Addressed to:</p> <p>Midwest Ambulance Service Attn: Jake Chapman 2535 106th Street Des Moines, IA 50322</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15</p>	

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. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Nancy Sundberg</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>NANCY SUNDBERG</i> C. Date of Delivery <i>10-3-13</i></p>
<p>1. Article Addressed to:</p> <p>North Memorial Ambulance Service 4501 68 Avenue North Brooklyn Center, MN 55429</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) <i>7009282000413530576</i></p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154</p>	