

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.
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.

Article Addressed to:

JANET WIDMER
461 WIDMER LANE
GENEVA, ID 83238



9590 9402 6444 0346 9226 53

Article Number (Transfer from service label)

7020 2450 0002 0385 6068

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Janet Widmer* ☐ Agent ☒ Addressee

B. Received by (Printed Name)

Janet Widmer

C. Date of Delivery

4-22-21

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

3. Service Type

☐ Adult Signature ☐ Priority Mail Express®
☐ Adult Signature Restricted Delivery ☐ Registered Mail™
☐ Certified Mail® ☐ Registered Mail Restricted Delivery
☐ Certified Mail Restricted Delivery ☐ Signature Confirmation™
☐ Collect on Delivery ☐ Signature Confirmation Restricted Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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1. Article Addressed to:

TAYLOR CANAL CO INC
C/O JAMES SAXTON
1012 RAYMOND RD
GENEVA, ID 83238



9590 9402 6444 0346 9226 22

Article Number (Transfer from service label)

7020 2450 0002 0385 6051

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *James Saxton* ☐ Agent ☒ Addressee

B. Received by (Printed Name)

James Saxton

C. Date of Delivery

4-21-12

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

3. Service Type

☐ Adult Signature ☐ Priority Mail Express®
☐ Adult Signature Restricted Delivery ☐ Registered Mail™
☐ Certified Mail® ☐ Registered Mail Restricted Delivery
☐ Certified Mail Restricted Delivery ☐ Signature Confirmation™
☐ Collect on Delivery ☐ Signature Confirmation Restricted Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

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Article Addressed to:

ROBERT HARRIS
OLDEN, KIDWELL, HAHN & CRAPO
200 RIVERWALK DRIVE, SUITE 200
PO BOX 50130
IDAHO FALLS, ID 83405



9590 9402 5695 9346 6521 07

Article Number (Transfer from service label)

7020 2450 0002 0385 6853

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Kendra Sells* ☒ Agent ☐ Addressee

B. Received by (Printed Name)

Kendra Sells

C. Date of Delivery

4-19-21

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

3. Service Type

☐ Adult Signature ☐ Priority Mail Express®
☐ Adult Signature Restricted Delivery ☐ Registered Mail™
☐ Certified Mail® ☐ Registered Mail Restricted Delivery
☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
☐ Collect on Delivery ☐ Signature Confirmation™
☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

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1. Article Addressed to:

RANDALL C BUDGE
PO BOX 1391
POCATELLO, ID 83204-1391



9590 9402 5695 9346 6520 91

Article Number (Transfer from service label)

7020 2450 0002 0385 6044

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Cammy Painter* ☒ Agent ☐ Addressee

B. Received by (Printed Name)

Cammy Painter

C. Date of Delivery

4/19/21

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

3. Service Type

☐ Adult Signature ☐ Priority Mail Express®
☐ Adult Signature Restricted Delivery ☐ Registered Mail™
☐ Certified Mail® ☐ Registered Mail Restricted Delivery
☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
☐ Collect on Delivery ☐ Signature Confirmation™
☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt