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OFFICIAL USE

Postmark Here

IDAHO DEPT PARKS & RECREATION
ERIK BUSH
PO BOX 83720
BOISE ID 83720-0065

PS Form 3811, July 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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.

1. Article Addressed to:

IDAHO DEPT PARKS & RECREATION
ERIK BUSH
PO BOX 83720
BOISE ID 83720-0065

9590 9402 2140 6132 2247 57

2. Article Number (Transfer from service label)

7016 0750 0000 2175 8575

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

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

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CENTRAL POSTAL SERVICE

3. Service Type ☐ Priority Mail Express[®]
☐ Adult Signature ☐ Registered MailTM
☐ Adult Signature Restricted Delivery ☐ Registered Mail Restricted Delivery
☐ Certified Mail[®] ☐ Return Receipt for Merchandise
☐ Certified Mail Restricted Delivery ☐ Signature ConfirmationTM
☐ Collect on Delivery ☐ Signature Confirmation Restricted Delivery
☐ Collect on Delivery Restricted Delivery

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TRAVIS THOMPSON
SARAH HIGER
BARKER ROSHOLT & SIMPSON
PO BOX 63
TWIN FALLS ID 83303

PS Form 3811, July 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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1. Article Addressed to:

TRAVIS THOMPSON
SARAH HIGER
BARKER ROSHOLT & SIMPSON
PO BOX 63
TWIN FALLS ID 83303

9590 9402 2140 6132 2247 64

2. Article Number (Transfer from service label)

7016 0750 0000 2175 5031

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type ☐ Priority Mail Express[®]
☐ Adult Signature ☐ Registered MailTM
☐ Adult Signature Restricted Delivery ☐ Registered Mail Restricted Delivery
☐ Certified Mail[®] ☐ Return Receipt for Merchandise
☐ Certified Mail Restricted Delivery ☐ Signature ConfirmationTM
☐ Collect on Delivery ☐ Signature Confirmation Restricted Delivery
☐ Collect on Delivery Restricted Delivery

Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT
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JUB ENGINEERS INC
C/O GARY HADERLIE
2114 VILLAGE PARK AVE STE 100
TWIN FALLS ID 83301-4172

PS Form 3811, July 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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- 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:

JUB ENGINEERS INC
C/O GARY HADERLIE
2114 VILLAGE PARK AVE STE 100
TWIN FALLS ID 83301-4172

9590 9402 2140 6132 2247 71

2. Article Number (Transfer from service label)

7016 0750 0000 2175 5024

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type ☐ Priority Mail Express[®]
☐ Adult Signature ☐ Registered MailTM
☐ Adult Signature Restricted Delivery ☐ Registered Mail Restricted Delivery
☒ Certified Mail[®] ☐ Return Receipt for Merchandise
☐ Certified Mail Restricted Delivery ☐ Signature ConfirmationTM
☐ Collect on Delivery ☐ Signature Confirmation Restricted Delivery
☐ Collect on Delivery Restricted Delivery