

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:

HAWLEY TROXELL ENNIS & HAWLEY LLP
C/O DANA L HOFSTETTER, TYLER J
ANDERSON AND AMY M J KNIGHT
877 MAIN ST STE 1000
PO BOX 1617
BOISE, ID 83701-1617



9590 9402 1765 6074 2815 00

2. Article Number (Transfer from service label)

7016 1370 0000 2332 8351

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addre.

B. Received by (Printed Name)

KYLE SCHWAB

C. Date of Delivery

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

RECEIVED

FEB 07 2022

POSTER RESOURCES



3. Service Type

- | | |
|--|--|
| ☐ Adult Signature | ☐ Priority Mail Expr. |
| ☐ Adult Signature Restricted Delivery | ☐ Registered Mail™ |
| ☐ Certified Mail® | ☐ Registered Mail f Delivery |
| ☐ Certified Mail Restricted Delivery | ☐ Return Receipt f Merchandise |
| ☐ Collect on Delivery | ☐ Signature Confirm |
| ☐ Collect on Delivery Restricted Delivery | ☐ Signature Confirm Restricted Delivery |
| ☐ Insured Mail | |
| ☐ Insured Mail Restricted Delivery (over \$500) | |

Domestic Return F

U.S. Postal Service™

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- | | |
|--|----|
| ☐ Return Receipt (hardcopy) | \$ |
| ☐ Return Receipt (electronic) | \$ |
| ☐ Certified Mail Restricted Delivery | \$ |
| ☐ Adult Signature Required | \$ |
| ☐ Adult Signature Restricted Delivery | \$ |

Postage

\$

Total Postage and Fees

\$

Sent To

HAWLEY

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

PS Form 380

See Reverse for Instructions

7016 1370 0000 2332 8351

01/31/2022

TR 84698

MARION OGUE

Postmark

AMENDED
HEARING NOTICE
\$ SCHEDULED
ORDER