

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ 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.		A. Signature ☒ Agent ☐ Addressee X <i>C. Hud</i>	
B. Received by (Printed Name)		C. Date of Delivery	
1. Article Addressed to:		D. Is delivery address different from item 1? ☐ Yes ☐ No If YES, enter delivery address below:	
GROUSE CREEK RESERVE LLC 180 S LAKE AVENUE, SUITE 405 PASADENA, CA 91104-4711			
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 ☐ Signature Confirmation Restricted Delivery ☐ Insured Mail ☐ Insured Mail Restricted Delivery (over \$500)			
2. Article Number (Transfer from service label)			
7020 2450 0002 0385 6174			
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	

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B. Received by (Printed Name)		C. Date of Delivery	
1. Article Addressed to:		D. Is delivery address different from item 1? ☐ Yes ☐ No If YES, enter delivery address below:	
RODNEY BARNES PO BOX 1054 DRIGGS, ID 83422			
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 ☐ Signature Confirmation Restricted Delivery ☐ Insured Mail ☐ Insured Mail Restricted Delivery (over \$500)			
2. Article Number (Transfer from service label)			
7020 2450 0002 0385 6235			
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	

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B. Received by (Printed Name)		C. Date of Delivery	
1. Article Addressed to:		D. Is delivery address different from item 1? ☐ Yes ☒ No If YES, enter delivery address below:	
RONALD D HANSEN 6935 N 500 W TETONIA, ID 83452			
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 ☐ Signature Confirmation Restricted Delivery ☐ Insured Mail ☐ Insured Mail Restricted Delivery (over \$500)			
2. Article Number (Transfer from service label)			
7020 2450 0002 0385 6211			
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	

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B. Received by (Printed Name)		C. Date of Delivery	
1. Article Addressed to:		D. Is delivery address different from item 1? ☐ Yes ☐ No If YES, enter delivery address below:	
ROCKY MOUNTAIN ENVIRONMENTAL ASSOC INC C/O KRISTIN MOORE 482 CONSTITUTION WAY, SUITE 303 IDAHO FALLS, ID 83402-3552			
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 ☐ Signature Confirmation Restricted Delivery ☐ Insured Mail ☐ Insured Mail Restricted Delivery (over \$500)			
2. Article Number (Transfer from service label)			
7020 2450 0002 0385 6198			
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	

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B. Received by (Printed Name)		C. Date of Delivery	
1. Article Addressed to:		D. Is delivery address different from item 1? ☐ Yes ☐ No If YES, enter delivery address below:	
DENNIS CRAIG PO BOX 8 TETONIA, ID 83452			
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 ☐ Signature Confirmation Restricted Delivery ☐ Insured Mail ☐ Insured Mail Restricted Delivery (over \$500)			
2. Article Number (Transfer from service label)			
7020 2450 0002 0385 6220			
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B. Received by (Printed Name)		C. Date of Delivery	
1. Article Addressed to:		D. Is delivery address different from item 1? ☐ Yes ☐ No If YES, enter delivery address below:	
ROBERT HARRIS HOLDEN KIDWELL HAHN & CRAPO PLLC 1000 RIVERWALK DRIVE, SUITE 200 PO BOX 50130 IDAHO FALLS, ID 83405			
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 ☐ Signature Confirmation Restricted Delivery ☐ Insured Mail ☐ Insured Mail Restricted Delivery (over \$500)			
2. Article Number (Transfer from service label)			
7020 2450 0002 0385 6181			
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	

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B. Received by (Printed Name)		C. Date of Delivery	
1. Article Addressed to:		D. Is delivery address different from item 1? ☐ Yes ☐ No If YES, enter delivery address below:	
KYLE HANSEN 6345 N 500 W TETONIA, ID 83452			
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 ☐ Signature Confirmation Restricted Delivery ☐ Insured Mail ☐ Insured Mail Restricted Delivery (over \$500)			
2. Article Number (Transfer from service label)			
7020 2450 0002 0385 6204			
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	

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B. Received by (Printed Name)		C. Date of Delivery	
1. Article Addressed to:		D. Is delivery address different from item 1? ☐ Yes ☐ No If YES, enter delivery address below:	
GARY HANSEN C/O BRIAN HANSEN 335 PARKER DRIVE FOLSOM, CA 95630			
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 ☐ Signature Confirmation Restricted Delivery ☐ Insured Mail ☐ Insured Mail Restricted Delivery (over \$500)			
2. Article Number (Transfer from service label)			
7020 2450 0002 0385 6242			
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	