

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 ☒ <i>Janet Widmer</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Janet Widmer</i> C. Date of Delivery <i>3-8-21</i> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
1. Article Addressed to: JANET WIDMER 461 WIDMER LANE GENEVA, ID 83238  9590 9402 5695 9346 6522 82		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 ☐ Signature Confirmation Restricted Delivery (over \$500) ☐ Insured Mail Restricted Delivery (over \$500)	
2. Article Number (Transfer from service label) 7014 2120 0000 4377 2000			
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

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■ 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 ☒ <i>James Saxton</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Jim Saxton</i> C. Date of Delivery <i>2-21</i> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
1. Article Addressed to: TAYLOR CANAL CO INC C/O JAMES SAXTON 1012 RAYMOND RD GENEVA, ID 83238  9590 9402 5695 9346 6523 05		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 ☐ Signature Confirmation Restricted Delivery (over \$500) ☐ Insured Mail Restricted Delivery (over \$500)	
2. Article Number (Transfer from service label) 7014 2120 0000 4377 1980			
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

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■ 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 ☒ <i>Kendra Setts</i> ☒ Agent ☐ Addressee B. Received by (Printed Name) <i>Kendra Setts</i> C. Date of Delivery <i>2/25</i> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
1. Article Addressed to: ROBERT HARRIS HOLDEN KIDWELL HAHN & CRAPO PLLC 1000 RIVERWALK DR. STE 200 PO BOX 50130 IDAHO FALLS, ID 83405  9590 9402 5695 9346 6522 75		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 ☐ Signature Confirmation Restricted Delivery (over \$500) ☐ Insured Mail Restricted Delivery (over \$500)	
2. Article Number (Transfer from service label) 7014 2120 0000 4377 2017			
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

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■ 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 ☒ <i>Jackie Lewis</i> ☒ Agent ☐ Addressee B. Received by (Printed Name) <i>Jackie Lewis</i> C. Date of Delivery <i>2/25</i> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☒ No	
1. Article Addressed to: RANDALL C BUDGE RACINE OLSON 201 E CENTER ST PO BOX 1391 POCATELLO, ID 83204-1391  9590 9402 5695 9346 6522 99		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 ☐ Signature Confirmation Restricted Delivery (over \$500) ☐ Insured Mail Restricted Delivery (over \$500)	
2. Article Number (Transfer from service label) 7014 2120 0000 4377 1997			
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