

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 X <i>Beth Walker</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) B. Walker C. Date of Delivery 3-1	
1. Article Addressed to: YOUNG HARVEY WALKER 2338 N 2930 W ARCO, ID 83213		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
 9590 9402 5695 9346 6519 88		3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☒ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Insured Mail ☐ Insured Mail Restricted Delivery (over \$500) ☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Return Receipt for Merchandise ☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery	
2. Article Number (Transfer from service label) 7014 2120 0000 4377 2055		2. Article Number (Transfer from service label) 7014 2120 0000 4377 2062	
PS Form 3811, July 2015 PSN 7530-02-000-9053		PS Form 3811, July 2015 PSN 7530-02-000-9053	

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1. Article Addressed to: SUNSET FARM & RANCH PO BOX 827 ARCO, ID 83213		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☒ No	
 9590 9402 5695 9346 6520 08		3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☒ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Insured Mail ☐ Insured Mail Restricted Delivery (over \$500) ☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Return Receipt for Merchandise ☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery	
2. Article Number (Transfer from service label) 7014 2120 0000 4377 2079		2. Article Number (Transfer from service label) 7014 2120 0000 4377 2048	
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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 X <i>Karon Huggins</i> ☒ Agent ☐ Addressee B. Received by (Printed Name) Karon Huggins C. Date of Delivery	
1. Article Addressed to: KARON HUGGINS C/O MATEA MCCRAY 3470 COBBLESTONE LN IDAHO FALLS, ID 83404		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
 9590 9402 5695 9346 6519 64		3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☒ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Insured Mail ☐ Insured Mail Restricted Delivery (over \$500) ☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Return Receipt for Merchandise ☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery	
2. Article Number (Transfer from service label) 7014 2120 0000 4377 2031			
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	