

| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                                                                                                                            |  | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                                                                                                   |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>                                                                                                                                                                |  | <p>A. Signature<br/> <input checked="" type="checkbox"/> <u>Taulicia Boulda</u> <input checked="" type="checkbox"/> Agent<br/> <input type="checkbox"/> Addressee</p>                                                                                                                                                                                               |  |
| <p>1. <br/> Racine Olson Nye &amp; Budge -<br/> c/o Thomas J. Budge<br/> PO Box 1391<br/> Pocatello ID 83204-1391</p>                                                                                                                                                                                   |  | <p>B. Received by (Printed Name)<br/> <u>Taulicia Boulda</u><br/> C. Date of Delivery<br/> <u>10/11/18</u></p>                                                                                                                                                                                                                                                      |  |
| <p>2. Article Number (Transfer from service label)<br/> <u>7014 2120 0000 4376 8911</u></p>                                                                                                                                                                                                                                                                                              |  | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/> If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>                                                                                                                                                                                                 |  |
| <p>3. Service Type<br/> <input type="checkbox"/> Adult Signature<br/> <input type="checkbox"/> Adult Signature Restricted Delivery<br/> <input checked="" type="checkbox"/> Certified Mail®<br/> <input type="checkbox"/> Certified Mail Restricted Delivery<br/> <input type="checkbox"/> Collect on Delivery<br/> <input type="checkbox"/> Collect on Delivery Restricted Delivery</p> |  | <p><input type="checkbox"/> Priority Mail Express®<br/> <input type="checkbox"/> Registered Mail™<br/> <input type="checkbox"/> Registered Mail Restricted Delivery<br/> <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Signature Confirmation™<br/> <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> |  |
| <p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>                                                                                                                                                                                                                                                                                                                                      |  | <p>Domestic Return Receipt</p>                                                                                                                                                                                                                                                                                                                                      |  |

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| <p>1. <br/> Rigby, Andrus &amp; Rigby<br/> Jerry Rigby<br/> PO Box 250<br/> Rexburg ID 83440-0250</p>                                                                                                                                                                                                 |  | <p>B. Received by (Printed Name)<br/> <u>Sam Bartlick</u><br/> C. Date of Delivery<br/> <u>10/10/18</u></p>                                                                                                                                                                                                                                                         |  |
| <p>2. Article Number (Transfer from service label)<br/> <u>7014 2120 0000 4376 8928</u></p>                                                                                                                                                                                                                                                                                              |  | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/> If YES, enter delivery address below: <input type="checkbox"/> No</p>                                                                                                                                                                                                            |  |
| <p>3. Service Type<br/> <input type="checkbox"/> Adult Signature<br/> <input type="checkbox"/> Adult Signature Restricted Delivery<br/> <input checked="" type="checkbox"/> Certified Mail®<br/> <input type="checkbox"/> Certified Mail Restricted Delivery<br/> <input type="checkbox"/> Collect on Delivery<br/> <input type="checkbox"/> Collect on Delivery Restricted Delivery</p> |  | <p><input type="checkbox"/> Priority Mail Express®<br/> <input type="checkbox"/> Registered Mail™<br/> <input type="checkbox"/> Registered Mail Restricted Delivery<br/> <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Signature Confirmation™<br/> <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> |  |
| <p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>                                                                                                                                                                                                                                                                                                                                      |  | <p>Domestic Return Receipt</p>                                                                                                                                                                                                                                                                                                                                      |  |