

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
1. 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 <u>Jean Timberlake</u> ☐ Agent ☐ Addressee B. Received by (Printed Name) <u>JOAN Timberlake</u> C. Date of Delivery <u>9/8/16</u> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
Holden Kidwell Hahn & Crapo - Robert L. Harris PO Box 50130 Idaho Falls ID 83405-0130 9590 9403 0564 5173 2663 45		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	
2. Article Number (Transfer from service label) 7013 3020 0000 6609 2238		PS Form 3811, April 2015 PSN 7530-02-000-9053	

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
1. 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 <u>Ann Y. Vonde</u> ☐ Agent ☐ Addressee B. Received by (Printed Name) <u>Ann Y. Vonde</u> C. Date of Delivery <u>9/8/16</u> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
Deputy Attorney General Ann Y. Vonde PO Box 83720 Boise ID 83720-0010 9590 9403 0564 5173 2663 76		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	
2. Article Number (Transfer from service label) 7013 3020 0000 6609 2269		PS Form 3811, April 2015 PSN 7530-02-000-9053	

Domestic Return Receipt

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.

1.



Lynn and Robin Herbst
PO Box 21
Tendoy ID 83468



9590 9403 0564 5173 2663 52

2. Article Number (Transfer from service label)

7013 3020 0000 6609 2245

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Restricted Delivery

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

Domestic Return Receipt