

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, or on the front if space permits.

1. Article Addressed to:

EILEEN HAWLEY
22769 N CORBIN HILL ROAD
HAYDEN ID 83835



9590 9403 0148 5086 1830 32

2. Article Number (Transfer from service label)

7007 1490 0001 6752 4201

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Eileen Hawley*

B. Received by (Printed Name)

Eileen Hawley

D. Is delivery address different from item 1? If YES, enter delivery address below:

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
☐ Registered Mail
☐ Registered Mail Restricted Delivery
☐ Return Receipt
☐ Signature Required
☐ Signature Restricted Delivery

U.S. Postal Service

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

EILEEN HAWLEY

Postage	\$3.45
Certified Fee	\$2.80
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	N/A
Total Postage & Fees	\$7.45



Sent To EILEEN HAWLEY

Street, Apt. No., or PO Box No. 22769 N CORBIN HILL RD

City, State, ZIP+4 HAYDEN ID 83835

PS Form 3800, August 2005

See Reverse for Instructions

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1. Article Addressed to:

MICHAEL J VERBILLIS
PO BOX 519
COEUR D'ALENE ID 83816-0519



9590 9403 0148 5086 1830 18

2. Article Number (Transfer from service label)

7007 1490 0001 6752 4188

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *M. J. Verbillis*

B. Received by (Printed Name)

M. J. Verbillis

D. Is delivery address different from item 1? If YES, enter delivery address below:

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
☐ Registered Mail
☐ Registered Mail Restricted Delivery
☐ Return Receipt
☐ Signature Required
☐ Signature Restricted Delivery

U.S. Postal Service

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

MICHAEL J VERBILLIS

Postage	\$3.45
Certified Fee	\$2.80
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	N/A
Total Postage & Fees	\$7.45



Sent To MICHAEL J VERBILLIS

Street, Apt. No., or PO Box No. PO BOX 519

City, State, ZIP+4 COEUR D'ALENE ID 83816-0519

PS Form 3800, August 2005

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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1. Article Addressed to:

JOHN AND SJOUKJE BUNGEN
FAMILY TRUST
23148 N RIMROCK ROAD
HAYDEN ID 83835



9590 9403 0148 5086 1830 25

2. Article Number (Transfer from service label)

7007 1490 0001 6752 4195

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Sjoukje Bungen*

B. Received by (Printed Name)

Sjoukje Bungen

D. Is delivery address different from item 1? If YES, enter delivery address below:

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
☐ Registered Mail
☐ Registered Mail Restricted Delivery
☐ Return Receipt
☐ Signature Required
☐ Signature Restricted Delivery

U.S. Postal Service

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

JOHN AND SJOUKJE BUNGEN FAMILY TRUST

Postage	\$3.45
Certified Fee	\$2.80
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	N/A
Total Postage & Fees	\$7.45



Sent To JOHN AND SJOUKJE BUNGEN FAMILY TRUST

Street, Apt. No., or PO Box No. 23148 N RIMROCK RD

City, State, ZIP+4 HAYDEN ID 83835

PS Form 3800, August 2005

See Reverse for Instructions