

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

William Baxter
PO Box 96
Hope ID 83836

2. Article Number
(from service label) 7007 1490 0001 6752 3297

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☒ Addressee

B. Received by (Printed Name) C. Date of Delivery
William Baxter 5/27/10

D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

MAY 25 2010
IDWR/North

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

UNITED STATES POSTAGE
PITNEY BOWES
02 1P \$000.00
0002690671 MAY 21 2010
MAILED FROM ZIP CODE 83836

Postage \$
Certified Fee \$
Return Receipt Fee (Endorsement Required) \$
Restricted Delivery Fee (Endorsement Required) \$
Total Postage & Fees \$5.54

Sent to
William Baxter
Street Apt. No. PO Box No.
City, State, ZIP+4 Hope ID 83836

PS Form 3800, August 2006 See Reverse for Instructions

262E 2529 T000 064T 2002

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Dale Van Stone
21 Denton Rd
Hope ID 83836

2. Article Number
(from service label) 7007 1490 0001 6752 3273

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☒ Addressee

B. Received by (Printed Name) C. Date of Delivery
Dale Van Stone 5/25/10

D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

MAY 25 2010
IDWR/North

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

UNITED STATES POSTAGE
PITNEY BOWES
02 1P \$000.00
0002690671 MAY 21 2010
MAILED FROM ZIP CODE 83836

Postage \$
Certified Fee \$
Return Receipt Fee (Endorsement Required) \$
Restricted Delivery Fee (Endorsement Required) \$
Total Postage & Fees \$5.54

Sent to
Dale Van Stone
Street Apt. No. 21 Denton Rd
City, State, ZIP+4 Hope ID 83836

PS Form 3800, August 2006 See Reverse for Instructions

E22E 2529 T000 064T 2002

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. - 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>Andy Walker</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>ANDY walker</i> C. Date of Delivery <i>5/25/10</i> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No 3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes	
1. Article Addressed to: <i>Andrew Walker</i> <i>PO Box 44</i> <i>Hope ID 83836</i>		2. Article Number (or from service label) <i>7007 1490 0001 6752 3266</i>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

UNITED STATES POSTAGE	
02 1P	\$ 000.00
0002690671	MAY 21 2010
MAILED FROM ZIP CODE 83836	
Postage	\$ 5.54
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.54

Sent To *Andrew Walker*
 Street, Apt. No., or PO Box No. *PO Box 44*
 City, State, ZIP+4 *Hope ID 83836*

992E 2529 T000 064T 2002

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. - 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>Cale Van Stone</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Cale Van Stone</i> C. Date of Delivery <i>5-25-10</i> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No 3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes	
1. Article Addressed to: <i>Mrs EC Van Stone</i> <i>21 Denton Rd</i> <i>Hope ID 83836</i>		2. Article Number (or from service label) <i>7007 1490 0001 6752 3280</i>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

UNITED STATES POSTAGE	
02 1P	\$ 000.00
0002690671	MAY 21 2010
MAILED FROM ZIP CODE 83836	
Certified Fee	\$ 5.54
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.54

Sent To *Mrs EC Van Stone*
 Street, Apt. No., or PO Box No. *21 Denton Rd*
 City, State, ZIP+4 *Hope ID 83836*

082E 2529 T000 064T 2002