

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: **75738 + 75739**

MATTHEW M MACHADO
JACQUELINE C MACHADO
3340 N 1100 E
BUHL ID 83316

2. Article Number
(Transfer from service label)**7008 3230 0000 3731 4133**

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.4. Restricted Delivery? (Extra Fee) ☐ Yes**SENDER: COMPLETE THIS SECTION**

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1. Article Addressed to: **75738 + 75739**

GARY D. SLETTE
ROBERTSON & SLETTE
PO BOX 1906
TWIN FALLS ID 83303-1906

2. Article Number
(Transfer from service label)**7008 3230 0000 3731 4157**

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.4. Restricted Delivery? (Extra Fee) ☐ Yes**SENDER: COMPLETE THIS SECTION**

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1. Article Addressed to: **75738 + 75739**

DU WAYNE KIMBALL
1333 E 3500 N
BUHL ID 83316

2. Article Number
(Transfer from service label)**7008 3230 0000 3731 4171**

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.4. Restricted Delivery? (Extra Fee) ☐ Yes

7008 3230 0000 3731 4133

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

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

BUHL ID 83316 **OFFICIAL USE**

Postage	\$ 0.44	0372
Certified Fee	\$2.85	07
Return Receipt Fee (Endorsement Required)	\$2.30	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 5.59	05/18/2011

Sent To
 Street,
 or PO
 City, S
 MATTHEW M MACHADO
 JACQUELINE C MACHADO
 3340 N 1100 E
 BUHL ID 83316

PS For Instructions

7008 3230 0000 3731 4131

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

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

BUHL ID 83316 **OFFICIAL USE**

Postage	\$ 0.44	0372
Certified Fee	\$2.85	07
Return Receipt Fee (Endorsement Required)	\$2.30	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 5.59	05/18/2011

Ser
 Str
 or I
 City
 DU WAYNE KIMBALL
 1333 E 3500 N
 BUHL ID 83316

PS Instructions

7008 3230 0000 3731 4157

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

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

TWIN FALLS ID 83303 **OFFICIAL USE**

Postage	\$ 0.44	0372
Certified Fee	\$2.85	07
Return Receipt Fee (Endorsement Required)	\$2.30	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 5.59	05/18/2011

Ser
 Str
 or F
 City
 GARY D. SLETTE
 ROBERTSON & SLETTE
 PO BOX 1906
 TWIN FALLS ID 83303-1906

PS Instructions