

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 <u>[Signature]</u> ☐ Agent ☐ Addressee	
1. Article Addressed to: <u>AM-SV4SP</u>		B. Received by (Printed Name) <u>Sherla Daniels</u> C. Date of Delivery <u>10-28</u>	
BROCKWAY ENGINEERING 2016 N WASHINGTON ST-STE 4 TWIN FALLS ID 83301		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☒ No	
2. Article Number (Transfer from service label) <u>7008 3230 0000 3731 4010</u>		3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
PS Form 3811, February 2004		4. Restricted Delivery? (Extra Fee) ☐ Yes	
Domestic Return Receipt 102595-02-M-1540			

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1. Article Addressed to: <u>AM-SV4SP</u>		B. Received by (Printed Name) <u>[Signature]</u> C. Date of Delivery <u>10-28</u>	
ALBERT P BARKER BARKER ROSHOLT SIMPSON PO BOX 2139 BOISE ID 83701-2139		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☒ No	
2. Article Number (Transfer from service label) <u>7008 3230 0000 3731 4034</u>		3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
PS Form 3811, February 2004		4. Restricted Delivery? (Extra Fee) ☐ Yes	
Domestic Return Receipt 102595-02-M-1540			