

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 ☐ Agent ☐ Addressee X	
1. Article Addressed to: Am/37-8 388 LISA VIERLING PO BOX 869 SUN VALLEY ID 83353		B. Received by (Printed Name)	C. Date of Delivery
2. Article Number (Transfer from service label)		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	
7004 2890 0001 7072 3963			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

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 ☐ Agent ☐ Addressee X	
1. Article Addressed to: Am/37-8 388 SDRTR LLC c/o ANTHONY ROBBINS 930 S ANDREASEN DR SUITE H ESCONDIDO CA 92029		B. Received by (Printed Name)	C. Date of Delivery
2. Article Number (Transfer from service label)		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	
7004 2890 0001 7072 3932			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
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1. Article Addressed to: <u>AM/37-8388</u> JAMES SPECK PO BOX 987 KETCHUM ID 83340		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.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) ☐ Yes 7004 2890 0001 7072 3956	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540			

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 ☐ Agent ☐ Addressee	
1. Article Addressed to: <u>AM/37-8388</u> TRAVIS THOMPSON BARKER ROSHOLT SIMPSON PO BOX 485 TWIN FALLS ID 83303-485		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.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) ☐ Yes 7004 2890 0001 7072 3949	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540			

7004 2890 0001 7072 3949

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

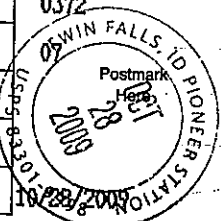
For delivery information visit our website at www.usps.com

TWIN FALLS ID 83303

OFFICIAL USE

Postage	\$ ~~4.44~~
Certified Fee	2.35
Return Receipt Fee (Endorsement Required)	2.23
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 5.54

0372



Sent To
Street or PO
City, State
PS Form 3800, June 2002

TRAVIS THOMPSON
BARKER ROSHOLT SIMPSON
PO BOX 485
TWIN FALLS ID 83303-485

Instructions

7004 2890 0001 7072 3956

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

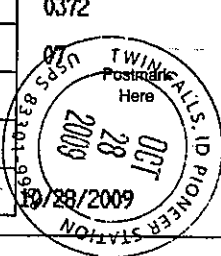
For delivery information visit our website at www.usps.com

KETCHUM ID 83340

OFFICIAL USE

Postage	\$ ~~4.44~~
Certified Fee	2.35
Return Receipt Fee (Endorsement Required)	2.23
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 5.54

0372



Sent To
Street or PO
City, State
PS Form 3800, June 2002

JAMES SPECK
PO BOX 987
KETCHUM ID 83340

See reverse for instructions

7004 2890 0001 7072 3963

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

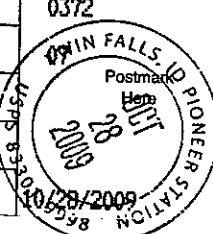
For delivery information visit our website at www.usps.com

SUN VALLEY ID 83353

OFFICIAL USE

Postage	\$ ~~4.44~~
Certified Fee	2.35
Return Receipt Fee (Endorsement Required)	2.23
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 5.54

0372



Sent To
Street or PO
City, State
PS Form 3800, June 2002

LISA VIERLING
PO BOX 869
SUN VALLEY ID 83353

Instructions

7004 2890 0001 7072 3932

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

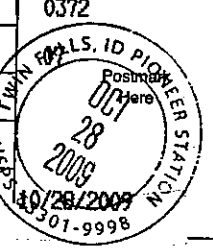
For delivery information visit our website at www.usps.com

ESCONDIDO CA 92029

OFFICIAL USE

Postage	\$ ~~4.44~~
Certified Fee	2.35
Return Receipt Fee (Endorsement Required)	2.23
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 5.54

0372



Sent To
Street or PO
City, State
PS Form 3800, June 2002

SDRTR LLC
c/o ANTHONY ROBBINS
930 S ANDREASEN DR SUITE H
ESCONDIDO CA 92029

Instructions