

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	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 ☒ <i>Robin Wegner</i> ☐ Agent ☒ Addressee B. Received by (Printed Name) C. Date of Delivery <i>Robin J Wegner</i> <i>4-21-08</i> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	■ 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 ☒ <i>Norman Semanko</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>Norman Semanko</i> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
1. Article Addressed to: ROBIN J WEGNER HC 63 BOX 1576 CHALLIS ID 83226	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: NORMAN SEMANKO BARKER ROSHOLT & SIMPSON PO BOX 2139 BOISE ID 83701-2139	3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number <i>72-7A % Northern</i> (Transfer from service lab) 7005 1160 0000 1505 0030		2. Article Number <i>72-7A % Northern</i> (Transfer from service lab) 7005 1160 0000 1505 0023	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

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1. Article Addressed to: PATRICK BROWN HUTCHINSON & BROWN PO BOX 207 TWIN FALLS ID 83303-0207	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: JOHN R CHALLIS PO BOX 1220 CHALLIS ID 83226-1220	3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number <i>72-7A % Northern</i> (Transfer from service lab) 7005 1160 0000 1505 0047		2. Article Number <i>72-7A % Northern</i> (Transfer from service lab) 7005 1160 0000 1505 0016	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	