

2199 6612 1969 6612 2199 6612 1969 6612

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
Domestic Mail Only; No Insurance Coverage Provided

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

OFFICIAL USE

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

2/10/06
Postmark Here
dg

Sent To: Stephen Schaub Ranch
Street, Apt. No., or PO Box No. 8101 Red Pheasant Blvd
City, State, Zip+4 Lewiston, Id. 83501

PS Form 3800, June 2002 See Reverse for Instructions

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete item 1 and/or 2 for additional services.
- Complete item 3a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

Also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: **STEPHEN SCHAUB RANCH**
8101 RED PHEASANT BLVD
LEWISTON ID 83501

4a. Article Number: **7003 0500 0003 1969 6612**

4b. Service Type

☐ Registered	☒ Certified
☐ Express Mail	☐ Insured
☐ Return Receipt for Merchandise	☐ COD

7. Date of Delivery: **2/10/06**

5. Received By: (Print Name) **H. WILLIAM HOBBS, JR**

6. Signature: (Addressee or Agent) **X [Signature]**

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.