

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: ADM/T # 72435

DON MCFARLAND
BIG SKY FARMS LTD PTN
PO BOX 5178
TWIN FALLS ID 83303-5178

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent
☐ Addressee
X
- 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

2. Article Number
(Transfer from service label)

7004 2890 0001 7071 1199

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

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1. Article Addressed to: ADM/T # 72435

DEAN T DIMOND
EDEN DIMOND
1454 HWY 25
JEROME ID 83338

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☐ Agent
☐ Addressee
X
- 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

2. Article Number
(Transfer from service label)

7004 2890 0001 7071 1205

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Certified Mail
■ A mailing receipt
■ A unique identification number
■ A record of delivery
Important Reminder
■ Certified Mail
■ NO INSURANCE
value added, please
For an additional
delivery: To obtain
Receipt (PS Form
fee. Endorsement
a duplicate return
required.
For an additional
addressee's
endorsement
If a postmark or
date at the post
receipt is not re
**IMPORTANT: See
Internet access
addressed to AP**

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

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1. Article Addressed to: ADM/T# 72435

HAROLD S DIMOND
3059 S 1800 E
WENDELL ID 83355

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

2. Article Number

(Transfer from service label)

7004 2890 0001 7071 1212

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

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- 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: ADM/T# 72435

RICHARD BULLERS
1482 HUNT RD
JEROME ID 83338

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

2. Article Number

(Transfer from service label)

7004 2890 0001 7071 1229

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Certified Mail
■ A mailing receipt
■ A unique identifier
■ A record of delivery
■ Important Return Receipt (PS Form 3811)
■ Certified Mail
■ NO INSURANCE
■ For an additional fee, you may add insurance to your Certified Mail. For more information, see the back of this card.
■ For an additional fee, you may add Restricted Delivery to your Certified Mail. For more information, see the back of this card.
■ If a postmark or date at the post office is not received, the item will be returned to the sender.
IMPORTANT: See Internet access addressed to AP

Certified Mail:

- A mailing receipt
- A unique identifier
- A record of delivery

Important Reminders:

- Certified Mail is not a return receipt.
- Certified Mail is not an insurance policy.
- NO INSURANCE: For valuables, please use Registered Mail.
- For an additional delivery, to obtain a Receipt (PS Form 3849), add \$2.00 fee. Endorse mail as a duplicate return required.
- For an additional addressee's address, add \$2.00 endorsement fee.
- If a postmark cancels at the post office, receipt is not valid.

IMPORTANT: Save Internet access to APN. Internet access to APN is required to address in APN.

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- 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: ADM/T#72435

BRENDA HERRMANN
274 S 1250 E
JEROME ID 83338

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

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

7004 2890 0001 7071 1250

Domestic Return Receipt

102595-02-M-1540

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.
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1. Article Addressed to: ADM/T#72435

DENNIS H DIMOND
1424 HWY 25
JEROME ID 83338

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

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

7004 2890 0001 7071 1267

Domestic Return Receipt

102595-02-M-1540

Certified Mail
■ A mailing receipt
■ A unique identifier
■ A record of delivery
Important Reminder
■ Certified Mail is
■ NO INSURANCE
for valuables, please
For an additional
delivery, to obtain
Receipt (PS Form
1381), please
and indicate return
required.
■ For an additional
addressed and
endorsement "R"
■ A postmark on
the day of the post
receipt is not ne
**IMPORTANT: See
Internet access t
addressed to AP**

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 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
1. Article Addressed to: ADM/T#72435 BLAINE E MILLER 366 S 1700 E JEROME ID 83338	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 (Transfer from service label)	7004 2890 0001 7071 1274
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 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
1. Article Addressed to: ADM/T#72435 JAMES LEROY WYATT BRENDA WYATT 376 S 1100 E JEROME ID 83338	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 (Transfer from service label)	7004 2890 0001 7071 1281
PS Form 3811, February 2004	Domestic Return Receipt 102595-02-M-1540

Certified Mail
☒ A mailing receipt
☒ A unique identification number
☒ A record of delivery
☒ Important Receipt
☒ Certified Mail
☒ NO INSURANCE
 For an additional fee, you may add insurance to your Certified Mail. For more information, see the back of this card.
 For an additional fee, you may add Restricted Delivery to your Certified Mail. For more information, see the back of this card.
 If a postmark on the article at the post office is not a receipt, it is not a receipt.
IMPORTANT: See Internet address at the back of this card for more information.

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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 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	
1. Article Addressed to: ADM/T#72435			
RITA A AYERS 267 S 1250 E JEROME ID 83338			
2. Article Number (Transfer from service label)		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		7004 2890 0001 7071 1298	
		102595-02-M-1540	

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
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1. Article Addressed to: ADM/T#72435			
LEE JUSTUS HALPER 331S 230W JEROME ID 83338			
2. Article Number (Transfer from service label)		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		7004 2890 0001 7071 1304	
		102595-02-M-1540	

Certified Mail
■ A mailing receipt
■ A unique identification number
■ A record of delivery
■ Important Return Receipt
■ Certified Mail is insured up to \$500
■ NO INSURANCE for values over \$500
■ For an additional fee, you can obtain Restricted Delivery, Registered Mail, or Return Receipt for Merchandise. Endorsement required.
■ For an additional fee, you can obtain Restricted Delivery, Registered Mail, or Return Receipt for Merchandise. Endorsement required.
■ If a postmark is not legible at the post office, the postmark is not valid.
IMPORTANT: S
Internet access to the tracking information is available at www.usps.com
addressed to a

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: ADM/T# 72435
ROBERT E. WILLIAMS
FREDERICKSEN WILLIAMS & MESERVY
PO BOX 168
JEROME ID 83338

2. Article Number
(Transfer from service label)

7004 2890 0001 7071 1311

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

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1. Article Addressed to: ADM/T# 72435
C E BROCKWAY P E
BROCKWAY ENGINEERING
2016 NORTH WASHINGTON ST-STE 4
TWIN FALLS ID 83301

2. Article Number
(Transfer from service label)

7004 2890 0001 7071 1328

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

Certified Mail
■ A mailing receipt
■ A unique identification number
■ A record of delivery
■ Important Return Receipt
■ Certified Mail
■ NO INSURANCE
■ Valuable, please
■ For an addressee's endorsement
■ For an addressee's endorsement
■ If a postmark is not required, a duplicate receipt is not required.
■ For an addressee's endorsement
■ If a postmark is not required, a duplicate receipt is not required.
IMPORTANT: Send internal access addressed to A