

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:

**GARY C HAWKINS
9 COPPER MTN RD
SALMON ID 83467**

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Jennifer Hawkins ☐ Agent ☒ Addressee

B. Received by (Printed Name)

Jennifer Hawkins

C. Date of Delivery

8-25-04

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) *75-7052*
7005 1160 0000 1544 5720

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

2. Article Number (Transfer from)
7005 1160 0000 1544 5737

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

2. Article Number (Transfer from service label)
7005 1160 0000 1544 5744

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

2. Article Number (Transfer from)
7005 1160 0000 1544 5775

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Agent

Addressee

of Delivery

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

**GARY M MULKEY
999 E HIGHLAND AVE
HERMISTON OR 97838**

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)
7005 1160 0000 1544 5782

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

2. Article Number (Transfer from service label)
7005 1160 0000 1544 5799

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

2. Article Number (Transfer from service label)
7005 1160 0000 1544 5805

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

2. Article Number (Transfer from service label)
7005 1160 0000 1544 5812

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7005 1160 0000 1544 5805

U.S. Postal Service
CERTIFIED MAIL
(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	\$

Sent To
WILLIAMS LAKE RECREATIONAL WATER & SEWER
PO BOX 82
SALMON ID 8346

U.S. Postal Service
CERTIFIED MAIL
(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	\$

Sent To
SLAVIN LAW OFFICE
MILTON SLAVIN
116 N CENTER ST
SALMON ID 83467

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	\$

Sent To
US DEPT OF INTERIOR
BLM - ALAN BITTNER
1206 S CHALLIS
SALMON ID 83467

8/21/06
Postmark Here
dg

7005 1160 0000 1544 5768

U.S. Postal Service
CERTIFIED MAIL
(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	\$

Sent To
JAMES EDWARD KIN
1108 MC RAE RD
ARLINGTON WA 9822

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	\$

Sent To
THOMAS JAMES THOMPSON
12623 QUERCUS
WELLINGTON FL 33414

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	\$

Sent To
GARY M MULKEY
999 E HIGHLAND AVE
HERMISTON OR 97838

8/21/06
Postmark Here
dg

7005 1160 0000 1544 5720

U.S. Postal Service
CERTIFIED MAIL
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OFFICIAL USE

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

Sent To
GARY C HAVES
9 COPPER MOUNTAIN
SALMON ID 83467

U.S. Postal Service
CERTIFIED MAIL
(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	\$

Sent To
KATHLEE
87 DAPPLE
ROLLING
SALMON ID 90274

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	\$

Sent To
VALEEA STEINBRUEGGE
67 N SHORE DR
SALMON ID 83467

8/21/06
Postmark Here
dg