

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 B. Received by (<i>Printed Name</i>) 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#72177+ T#72178 POLLY ANN HUGGINS PO BOX 382 GOODING ID 83330	3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (<i>Extra Fee</i>) ☐ Yes
2. Article Number <i>(Transfer from service label)</i> 7002 0510 0001 0739 1307	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

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1. Article Addressed to: ADM/T#72177+ T#72178 NICOLE REED LE ANN REED 2094 HWY 46 GOODING ID 83330	3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (<i>Extra Fee</i>) ☐ Yes
2. Article Number <i>(Transfer from service label)</i> 7002 0510 0001 0739 1314	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

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1. Article Addressed to: ADM/T#72177+ T#72178 STEVE PAULIN 2185 S 1800 E GOODING ID 83330	3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (<i>Extra Fee</i>) ☐ Yes
2. Article Number <i>(Transfer from service label)</i> 7002 0510 0001 0739 1321	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

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1. Article Addressed to: ADM/T 72177 +
T # 72178

DIAMOND A LIVESTOCK INC
1997 S 1875 E
GOODING ID 83330

2. Article Number
(Transfer from service label)

7002 0510 0001 0739 1277

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 # 72177 +
T # 72178

ROBERT E. WILLIAMS
FREDERICKSEN WILLIAMS ET AL
PO BOX 168
JEROME ID 83338

2. Article Number
(Transfer from service label)

7002 0510 0001 0739 1284

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 # 72177 +
T # 72178

HEIDI OLSON
2154 B HWY 46
GOODING ID 83330

2. Article Number
(Transfer from service label)

7002 0510 0001 0739 1291

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 72177 +
T#72178

CHRISTINE DAVIS
2726 S 850 E
HAGERMAN ID 83332

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*)

7002 0510 0001 0739 1345

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Domestic Return Receipt

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