

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: **AM-3/3/05-T71604**

WILLIAM J. & SUSAN MILLENKAMP
471 N 300 W
JEROME ID 83338

2. Article Number (Copy from service label)

7002 0460 0000 7276 5093

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X☐ Agent
☐ AddresseeD. 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**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.
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1. Article Addressed to: **AM-3/3/05-T71604**

TIMOTHY J. STOVER
ROBERTSON & ASSOCIATES
PO BOX 1906
TWIN FALLS ID 83303-1906

2. Article Number (Copy from service label)

7002 0460 0000 7276 5086

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X☐ Agent
☐ AddresseeD. 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: *Am-3/3/05-T71604*

STEVEN R HURD
473 N 200 W
JEROME ID 83338

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X☐ Agent
☐ AddresseeD. 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 (Copy from service label)

7002 0460 0000 7276 5109

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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1. Article Addressed to: *Am-3/3/05-T71604*

LEE JUSTUS HALPER
331S 230W
JEROME ID 83338

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X☐ Agent
☐ AddresseeD. 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 (Copy from service label)

7002 0460 0000 7276 5116

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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1. Article Addressed to: ADM/3-3-T71604

WILLIAM F. GULLEY
450 N 242 W
JEROME ID 83338

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X☐ Agent☐ AddresseeD. 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 (Copy from service label)

7002 0460 0000 7276 5123

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

SENDER: COMPLETE THIS SECTION

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1. Article Addressed to: AM-3/3/05-T71604

STEVE R. MATTHEWS
450 N 210 W
JEROME ID 83338

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X☐ Agent☐ AddresseeD. 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 (Copy from service label)

7002 0460 0000 7276 5130

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

SENDER: COMPLETE THIS SECTION

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1. Article Addressed to: **AM- 3/3/05-T71604**

DOYLE SCHWISOW
PO BOX 321
JEROME ID 83338

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X

☐ Agent
☐ Addressee

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 (Copy from service label)

7002 0460 0000 7276 5147

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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

JEROME, ID 83338 OFFICIAL USE

Postage	\$ 0.37	UNIT ID: 0372
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 4.42	03/03/05

WILLIAM J. & SUSAN MILLENKAMP
471 N 300 W
JEROME ID 83338

Instructions

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

TWIN FALLS, ID 83303 OFFICIAL USE

Postage	\$ 0.37	UNIT ID: 0372
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 4.42	03/03/05

TIMOTHY J. STOVER
ROBERTSON & ASSOCIATES
PO BOX 1906
TWIN FALLS ID 83303-1906

Instructions

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

JEROME, ID 83338 OFFICIAL USE

Postage	\$ 0.37	UNIT ID: 0372
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 4.42	03/03/05

STEVEN R HURD
473 N 200 W
JEROME ID 83338

Instructions

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

JEROME, ID 83338 OFFICIAL USE

Postage	\$ 0.37	UNIT ID: 0372
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 4.42	03/03/05

LEE JUSTUS HALPER
331S 230W
JEROME ID 83338

Instructions

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

JEROME, ID 83338 OFFICIAL USE

Postage	\$ 0.37	UNIT ID: 0372
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 4.42	03/03/05

WILLIAM F. GULLEY
450 N 242 W
JEROME ID 83338

Instructions

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

7002 0460 0000 7276 5147

OFFICIAL USE		
JEROME, ID 83338		
Postage	\$ 0.37	UNIT ID: 0372 Postmark Here Clerk: KWDTV0 03/03/05
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 4.42	
DOYLE SCHWISOW PO BOX 321 JEROME ID 83338		
PS Form 3800, January 2004. See Reverse for Instructions		

7002 0460 0000 7276 5130

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
OFFICIAL USE		
JEROME, ID 83338		
Postage	\$ 0.37	UNIT ID: 0372 Postmark Here Clerk: KWDTV0 03/03/05
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	1.75	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 4.42	
Sent To STEVE R. MATTHEWS 450 N 210 W JEROME ID 83338		
PS Form 3800, January 2004. See Reverse for Instructions		