

R: 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:

**Randy Budge
Racine Olson Nye Budge &
Bailey
PO Box 1391
Pocatello ID 83204-1391**

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* **CHRIS DEONAS** B. Date of Delivery **MAY 18 2004**

C. Signature **X** *[Signature]* ☐ 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)*

7001 2510 0007 6760 3364

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952