

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:

SALUBRIA HOLDINGS LLC  
C/O GIVENS PURSLEY LLP  
MICHAEL P LAWRENCE AND CHARLIE S BASER  
601 W BANNOCK ST.  
BOISE, ID 83702

2. Article Number (Transfer from service label)

9590 9402 5809 0034 8370 12

7019 2970 0000 3037 5360

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

Service Type

Priority Mail Express®  
Registered Mail™  
Registered Mail Restricted Delivery  
Certified Mail®  
Certified Mail Restricted Delivery  
Collect on Delivery  
Collect on Delivery Restricted Delivery  
Insured Mail (Mail Restricted Delivery 300)

Article Type

Adult Signature  
Adult Signature Restricted Delivery  
Certified Mail®  
Certified Mail Restricted Delivery  
Collect on Delivery  
Collect on Delivery Restricted Delivery  
Insured Mail (Mail Restricted Delivery 300)

1. Article Addressed to:

Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.

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:

LEGG RANCH LLC  
13221 W BELLFLOWER DR  
BOISE, ID 83713-1345

9590 9402 5809 0034 8369 61

2. Article Number (Transfer from service label)

7019 2970 0000 3037 5391

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? If YES, enter delivery address below:

3. Service Type

Adult Signature  
Adult Signature Restricted Delivery  
Certified Mail®  
Certified Mail Restricted Delivery  
Collect on Delivery  
Collect on Delivery Restricted Delivery  
Insured Mail

Priority Mail Express®  
Registered Mail™  
Registered Mail Restricted Delivery  
Return Receipt for Merchandise  
Signature Confirmation™  
Signature Confirmation Restricted Delivery

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.

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:

HDR INC  
C/O SCOTT KING  
412 E PARKCENTER BLVD STE 100  
BOISE, ID 83706

9590 9402 5809 0034 8370 05

2. Article Number (Transfer from service label)

7019 2970 0000 3037 5377

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? If YES, enter delivery address below:

3. Service Type

Adult Signature  
Adult Signature Restricted Delivery  
Certified Mail®  
Certified Mail Restricted Delivery  
Collect on Delivery  
Collect on Delivery Restricted Delivery  
Insured Mail

Priority Mail Express®  
Registered Mail™  
Registered Mail Restricted Delivery  
Return Receipt for Merchandise  
Signature Confirmation™  
Signature Confirmation Restricted Delivery

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.

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:

DYLAN LAWRENCE  
VARIN THOMAS  
PO BOX 1676  
BOISE, ID 83701-1676

9590 9402 5809 0034 8370 29

2. Article Number (Transfer from service label)

7019 2970 0000 3037 5414

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? If YES, enter delivery address below:

3. Service Type

Adult Signature  
Adult Signature Restricted Delivery  
Certified Mail®  
Certified Mail Restricted Delivery  
Collect on Delivery  
Collect on Delivery Restricted Delivery  
Insured Mail

Priority Mail Express®  
Registered Mail™  
Registered Mail Restricted Delivery  
Return Receipt for Merchandise  
Signature Confirmation™  
Signature Confirmation Restricted Delivery

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.

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:

KATHRYN A NOAH  
2874 WARFIELD RD  
CAMBRIDGE, ID 83610-5104

9590 9402 5809 0034 8369 85

2. Article Number (Transfer from service label)

7019 2970 0000 3037 5384

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? If YES, enter delivery address below:

3. Service Type

Adult Signature  
Adult Signature Restricted Delivery  
Certified Mail®  
Certified Mail Restricted Delivery  
Collect on Delivery  
Collect on Delivery Restricted Delivery  
Insured Mail

Priority Mail Express®  
Registered Mail™  
Registered Mail Restricted Delivery  
Return Receipt for Merchandise  
Signature Confirmation™  
Signature Confirmation Restricted Delivery

2255 2E0E 0000 046C 6102

U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

OFFICIAL USE

|                                                              |    |
|--------------------------------------------------------------|----|
| Certified Mail Fee                                           | \$ |
| Extra Services & Fees (check box, add fee as appropriate)    |    |
| <input type="checkbox"/> Return Receipt (hardcopy)           | \$ |
| <input type="checkbox"/> Return Receipt (electronic)         | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery  | \$ |
| <input type="checkbox"/> Adult Signature Required            | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |

Postmark  
Here

HDR INC  
C/O SCOTT KING  
412 E PARKCENTER BLVD STE 100  
BOISE, ID 83706

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

0000 3037 5414

DYLAN LAWRENCE  
VARIN THOMAS  
PO BOX 1676  
BOISE, ID 83701-1676

|                                                              |    |
|--------------------------------------------------------------|----|
| Certified Mail Fee                                           | \$ |
| Extra Services & Fees (check box, add fee as appropriate)    |    |
| <input type="checkbox"/> Return Receipt (hardcopy)           | \$ |
| <input type="checkbox"/> Return Receipt (electronic)         | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery  | \$ |
| <input type="checkbox"/> Adult Signature Required            | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |

Postmark  
Here

U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT  
Domestic Mail Only  
For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

0965 2E0E 0000 046C 6102

U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

OFFICIAL USE

|                                                              |    |
|--------------------------------------------------------------|----|
| Certified Mail Fee                                           | \$ |
| Extra Services & Fees (check box, add fee as appropriate)    |    |
| <input type="checkbox"/> Return Receipt (hardcopy)           | \$ |
| <input type="checkbox"/> Return Receipt (electronic)         | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery  | \$ |
| <input type="checkbox"/> Adult Signature Required            | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |

Postmark  
Here

SALUBRIA HOLDINGS LLC  
C/O GIVENS PURSLEY LLP  
MICHAEL P LAWRENCE AND CHARLIE S BASER  
601 W BANNOCK ST.  
BOISE, ID 83702

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

2655 2E0E 0000 046C 6102

U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

OFFICIAL USE

|                                                              |    |
|--------------------------------------------------------------|----|
| Certified Mail Fee                                           | \$ |
| Extra Services & Fees (check box, add fee as appropriate)    |    |
| <input type="checkbox"/> Return Receipt (hardcopy)           | \$ |
| <input type="checkbox"/> Return Receipt (electronic)         | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery  | \$ |
| <input type="checkbox"/> Adult Signature Required            | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |

Postmark  
Here

LEGG RANCH LLC  
13221 W BELLFLOWER DR  
BOISE, ID 83713-1345

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

2655 2E0E 0000 046C 6102

U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

OFFICIAL USE

|                                                              |    |
|--------------------------------------------------------------|----|
| Certified Mail Fee                                           | \$ |
| Extra Services & Fees (check box, add fee as appropriate)    |    |
| <input type="checkbox"/> Return Receipt (hardcopy)           | \$ |
| <input type="checkbox"/> Return Receipt (electronic)         | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery  | \$ |
| <input type="checkbox"/> Adult Signature Required            | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |

Postmark  
Here

KATHRYN A NOAH  
2874 WARFIELD RD  
CAMBRIDGE, ID 83610-5104

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

MARION OGLE  
1039 W INDIAN VALLEY RD  
INDIAN VALLEY, ID 83632-5016



9590 9402 5809 0034 8369 78

2. Article Number (Transfer from service label)

7019 2970 0000 3037 5407

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Marion Ogle

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

Marion Ogle

C. Date of Delivery

9/21/2024

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes  
☐ No

3. Service Type

- |                                                                  |                                                                     |
|------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Adult Signature                         | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery     | <input type="checkbox"/> Registered Mail™                           |
| <input checked="" type="checkbox"/> Certified Mail®              | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery      | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                     | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                            |                                                                     |

☐ Restricted Delivery