

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ 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.		A. Signature ☒ Agent ☐ Addressee	
1. Article Addressed to: HENRYS FORK FOUNDATION PO BOX 550 ASHTON, ID 83420		B. Received by (Printed Name) Julie A. Maurer C. Date of Delivery 10/3/25	
2. Article Number (Transfer from service label) 9589 0710 5270 1405 9472 56		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☒ No	
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 ☐ Insured Mail Restricted Delivery (over \$500)		☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	

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1. Article Addressed to: SUSAN MILLER GREGORY G COLLINS 10435 S 1750 W VICTOR, ID 83455		B. Received by (Printed Name) GREG COLLINS C. Date of Delivery 10/3/2025	
2. Article Number (Transfer from service label) 9589 0710 5270 1405 9473 17		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
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 ☐ Insured Mail Restricted Delivery (over \$500)		☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery	
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1. Article Addressed to: RAFE AND AINSLEY RIVERS 1566 W 10250 S VICTOR, ID 83455		B. Received by (Printed Name) Ainsley Rivers C. Date of Delivery 10/3	
2. Article Number (Transfer from service label) 9589 0710 5270 1405 9472 94		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
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 ☐ Insured Mail Restricted Delivery (over \$500)		☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery	
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1. Article Addressed to: MAGUIRE FAMILY TRUST 10165 S 2000 W VICTOR, ID 83455		B. Received by (Printed Name) 10/3 C. Date of Delivery 10/3	
2. Article Number (Transfer from service label) 9589 0710 5270 1405 9473 00		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
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 ☐ Insured Mail Restricted Delivery (over \$500)		☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery	
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1. Article Addressed to: RACINE OLSON PLLP 201 E CENTER PO BOX 1391 POCATELLO, ID 83204		B. Received by (Printed Name) Lisa A. Springer C. Date of Delivery 10/03/25	
2. Article Number (Transfer from service label) 9589 0710 5270 1405 9473 31		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☒ No	
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 ☐ Insured Mail Restricted Delivery (over \$500)		☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery	
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1. Article Addressed to: PARSONS BEHLE & LATIMER 800 W MAIN ST. STE 1300 BOISE, ID 83702		B. Received by (Printed Name) Tawna Love C. Date of Delivery 10/2/2025	
2. Article Number (Transfer from service label) 9589 0710 5270 1405 9472 32		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
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 ☐ Insured Mail Restricted Delivery (over \$500)		☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery	
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1. Article Addressed to: AMERICAN FALLS-ABERDEEN GROUND WATER DISTRICT PO BOX 70 AMERICAN FALLS, ID 83211  9590 9402 9294 4295 2363 95	3. Service Type ☐ Adult Signature ☐ Priority Mail Express® ☐ Adult Signature Restricted Delivery ☐ Registered Mail™ ☒ Certified Mail® ☐ Registered Mail Restricted Delivery ☐ Certified Mail Restricted Delivery ☐ Signature Confirmation™ ☐ Collect on Delivery ☐ Signature Confirmation Restricted Delivery ☐ Collect on Delivery Restricted Delivery ☐ Insured Mail (over \$500)
2. Article Number (Transfer from service label) 9589 0710 5270 1405 9472 01	PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

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- 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.	A. Signature ☒ <i>Cynthia Riegel</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Cynthia Riegel</i> C. Date of Delivery <i>10/3/25</i> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☒ No
1. Article Addressed to: CYNTHIA RIEGEL 1209 WILLOW CREEK RD VICTOR, ID 83455  9590 9402 9294 4295 2364 01	3. Service Type ☐ Adult Signature ☐ Priority Mail Express® ☐ Adult Signature Restricted Delivery ☐ Registered Mail™ ☒ Certified Mail® ☐ Registered Mail Restricted Delivery ☐ Certified Mail Restricted Delivery ☐ Signature Confirmation™ ☐ Collect on Delivery ☐ Signature Confirmation Restricted Delivery ☐ Collect on Delivery Restricted Delivery ☐ Insured Mail (over \$500)
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- 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.	A. Signature ☒ <i>Sarah A. Klahn</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Sarah A. Klahn</i> C. Date of Delivery <i>10/3/25</i> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
1. Article Addressed to: SARAH A. KLAHN MAXIMILIAN C. BRICKER SOMACH SIMMONS & DUNN 1155 CANYON BLVD., STE 110 BOULDER, CO 80302  9590 9402 9294 4295 2363 88	3. Service Type ☐ Adult Signature ☐ Priority Mail Express® ☐ Adult Signature Restricted Delivery ☐ Registered Mail™ ☒ Certified Mail® ☐ Registered Mail Restricted Delivery ☐ Certified Mail Restricted Delivery ☐ Signature Confirmation™ ☐ Collect on Delivery ☐ Signature Confirmation Restricted Delivery ☐ Collect on Delivery Restricted Delivery ☐ Insured Mail (over \$500)
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1. Article Addressed to: GEORGIE STANLEY 10401 S 1750 W VICTOR, ID 83455  9590 9402 9294 4295 2365 17	3. Service Type ☐ Adult Signature ☐ Priority Mail Express® ☐ Adult Signature Restricted Delivery ☐ Registered Mail™ ☒ Certified Mail® ☐ Registered Mail Restricted Delivery ☐ Certified Mail Restricted Delivery ☐ Signature Confirmation™ ☐ Collect on Delivery ☐ Signature Confirmation Restricted Delivery ☐ Collect on Delivery Restricted Delivery ☐ Insured Mail (over \$500)
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1. Article Addressed to: PARSONS BEHLE & LATIMER PO BOX 63 TWIN FALLS, ID 83303  9590 9402 9294 4295 2364 32	3. Service Type ☐ Adult Signature ☐ Priority Mail Express® ☐ Adult Signature Restricted Delivery ☐ Registered Mail™ ☒ Certified Mail® ☐ Registered Mail Restricted Delivery ☐ Certified Mail Restricted Delivery ☐ Signature Confirmation™ ☐ Collect on Delivery ☐ Signature Confirmation Restricted Delivery ☐ Collect on Delivery Restricted Delivery ☐ Insured Mail (over \$500)
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1. Article Addressed to: GOOD TIMBER RANCH LLC C/O NATHAN GODFREY 1500 GOOD TIMBER RANCH RD VICTOR, ID 83455  9590 9402 9294 4295 2365 31	3. Service Type ☐ Adult Signature ☐ Priority Mail Express® ☐ Adult Signature Restricted Delivery ☐ Registered Mail™ ☒ Certified Mail® ☐ Registered Mail Restricted Delivery ☐ Certified Mail Restricted Delivery ☐ Signature Confirmation™ ☐ Collect on Delivery ☐ Signature Confirmation Restricted Delivery ☐ Collect on Delivery Restricted Delivery ☐ Insured Mail (over \$500)
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