SENDER:
- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "*Return Receipt Requested*" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered. GW Curtail Ltr 06/18/02 WD120

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
Roxine Stone
PO Box 50538
Id. Falls ID 83405

4a. Article Number
7000 1670 0011 3314 2352

4b. Service Type
☐ Registered ☐ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
6-21

5. Received By: *(Print Name)*
Debbie Walker

8. Addressee's Address *(Only if requested and fee is paid)*

6. Signature: *(Addressee or Agent)*
X Debbie Walker

PS Form **3811,** December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service. Is your RETURN ADDRESS completed on the reverse side?

SENDER:
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- Complete items 3, 4a, and 4b.
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- Write "*Return Receipt Requested*" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered. GW Curtail Ltr 061802 WD120

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
Select Farms LLC
PO Box 519
Aberdeen ID 83210

4a. Article Number
7000 1670 0011 3314 2314

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☒ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
6/21/02

5. Received By: *(Print Name)*
CHRIS CHRIS

8. Addressee's Address *(Only if requested and fee is paid)*

6. Signature: *(Addressee or Agent)*
X Chris Chris

PS Form **3811,** December 1994 Domestic Return Receipt

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- Complete items 3, 4a, and 4b.
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I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
Bingham Coop Inc
PO Box 887
Blackfoot ID 83221

4a. Article Number
7000 1670 0011 3314 2376

4b. Service Type
☐ Registered ☐ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
JUN 21 2002

5. Received By: *(Print Name)*

8. Addressee's Address *(Only if requested and fee is paid)*

6. Signature: *(Addressee or Agent)*
X

PS Form **3811,** December 1994 Domestic Return Receipt

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I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
City of Aberdeen
PO Box 190
Aberdeen ID 83210

4a. Article Number
7000 1670 0011 3314 2321

4b. Service Type
☐ Registered ☐ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
6/21/02

5. Received By: *(Print Name)*
Kay Collings

8. Addressee's Address *(Only if requested and fee is paid)*

6. Signature: *(Addressee or Agent)*
X Reynold Mecy

PS Form **3811,** December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

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- Complete items 3, 4a, and 4b.
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- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write *"Return Receipt Requested"* on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered. GW Curtail Ltr 06/18/02 WD120

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

James Pahl
2174 S 3200 W
Am Falls ID 83211

4a. Article Number
7000 1670 0011 3314 2369

4b. Service Type
☐ Registered ☐ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
6·21·02

5. Received By: *(Print Name)* Joyce Pahl

6. Signature: *(Addressee or Agent)*
X Joyce Pahl

8. Addressee's Address *(Only if requested and fee is paid)*

Thank you for using Return Receipt Service.

PS Form **3811**, December 1994 Domestic Return Receipt

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I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Don Collins
705 W 100 S
Blackfoot ID 83221

4a. Article Number
7000 1670 0011 3314 2345

4b. Service Type
☐ Registered ☐ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
NOV 2

5. Received By: *(Print Name)*

6. Signature: *(Addressee or Agent)*
X Don Saunders

8. Addressee's Address *(Only if requested and fee is paid)*

Thank you for using Return Receipt Service.

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I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Western Farm Service Inc
PO Box 1168
Fresno CA 93715

4a. Article Number
7000 1670 0011 3314 2338

4b. Service Type
☐ Registered ☐ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery 6-27-02

5. Received By: *(Print Name)* Michael Gow

6. Signature: *(Addressee or Agent)*
X

8. Addressee's Address *(Only if requested and fee is paid)*

Thank you for using Return Receipt Service.

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