

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION FOR DELIVERY	
<ul style="list-style-type: none"> 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. 		A. Signature X <i>Rodney H. Boehme</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: RODNEY BOEHME 2277 WOOD CANYON RD GENEVA ID 83238		B. Received by (Printed Name) C. Date of Delivery Rodney H. Boehme 05/21/05	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label) 7002 3150 0005 3816 2623			
PS Form 3811, August 2001		Domestic Return Receipt	
		102595-02-M-1540	

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1. Article Addressed to: SHERWIN MANGUM 137 S 5TH ST MONTPELIER ID 83254		B. Received by (Printed Name) C. Date of Delivery Sherwin Mangum 5/19/05	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label) 7002 3150 0005 3816 2630			
PS Form 3811, August 2001		Domestic Return Receipt	
		102595-02-M-1540	

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1. Article Addressed to: SHERWIN MANGUM 137 S 5TH ST MONTPELIER ID 83254		B. Received by (Printed Name) C. Date of Delivery Justin Mangum 5-17-05	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label) 7002 3150 0005 3816 2609			
PS Form 3811, August 2001		Domestic Return Receipt	