SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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
1, Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
Brian Bagley BBA Winchester, LLC 3525 - 18th Street Lewiston, ID 83501	3. Service Type Certified Mail
	☐ Insured Mall ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7012 34E	0 0001 6397 0991
PS Form 3811, February 2004 Domestic R	eturn Receipt 102595-02-M-154