| SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. | A. Signature Agent |
|---|--|
| 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 mallpiece, or on the front if space permits. | B. Received by (Printed Name) C. Date of Delivery |
| L. Michael Bogert, Esquire Parsons Behle & Latimer 800 West Main Street, Suite 1 Boise, ID 83702 | |
| 9590 9403 0670 5183 4804 89 2. Article Number (Transfer from service label) 7015 0640 0001 0952 804 | 3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery ☐ Collect on Delivery ☐ all Restricted Delivery ☐ Registered Mail Restricted Delivery ☐ Collect on Delivery ☐ Signature Confirmation Restricted Delivery ☐ Restricted Delivery ☐ Restricted Delivery ☐ Restricted Delivery |
| | |
| PS Form 3811, April 2015 PSN 7530-02-000-9053 | Domestic Return Receipt |
| PS Form 3811, April 2015 PSN 7530-02-000-9053 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 an the front if space permits | A. Signature X |
| PS Form 3811, April 2015 PSN 7530-02-000-9053 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, | A. Signature X |
| PS Form 3811, April 2015 PSN 7530-02-000-9053 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 an the front if enece permits Jeff Miles Administrator Local Highway Technical Assistant 3330 Grace Street | A. Signature X |