

COMPLETE THIS SECTION

Items 1, 2, and 3. Also complete Restricted Delivery is desired. Name and address on the reverse can return the card to you. card to the back of the mailpiece, front if space permits.

Addressed to:

**Morford
Services LLP
7013 1710 Fifth Ave., Ste 2600
Portland, OR 97204**

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Keir King*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Keir King

C. Date of Delivery

8/29/14

D. Is delivery address different from Item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

Number (Enter in service label)

7013 1710 0002 3980 1102

1, February 2004

Domestic Return Receipt

102595-02-M-1540