

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

**Michael C. Petersen
Heltzek, Williams, Yandell, Roth, Smith,
Petersen & Lush, P.C.
117 Commercial St. NE, Fourth Floor
PO Box 1048
Salem, OR 97308-1048**

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 Addressee
X Karen Royer
- B. Received by (Printed Name) *Karen Royer*
- C. Date of Delivery *4/26/03*
- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from service label)

7012 1010 0003 2880 9109