

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:

**Amy N. Pemberton, Esquire
Milleman, Pettenger, McMahan &
Pemberton, LLP
706 North First
P.O. Box 1066
McCall, Idaho 83688**

2. Article Number
(Transfer from service label)

7011 2970 0000 0880 7341

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Deanna Schneider*

- Agent
 Addressee

B. Received by (Printed Name)

Deanna Schneider

C. Date of Delivery

- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

*Box 1066
McCall 1083638*

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

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COMPLETE THIS SECTION ON DELIVERY

A. Signature