

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:

**Bill P. Hutchison
Counsel to the Firm
Lane Powell PC
601 SW 2nd Ave., Ste 2100
Portland, OR 97204-3158**

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Sn

Agent

Addressee

B. Received by (Printed Name)

S NORTON

C. Date of Delivery

6/9/14

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

7013 1710 0002 3980 0211