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.	B. Received by (Printed Name) C. D. Is delivery address different from item 1
Kevin J. Beaton, Attorney for Avista Corp.	If YES, enter delivery address below:
101 S. Capitol Boulevard Suite 1900 Boise, ID 83702-7705	3. Service Type Certified Mail
. Article Number	4. Restricted Delivery? (Extra Fee)
(Transfer from service label)	780 0000 2178 5824
S Form 3811, February 2004 Domestic Retu	urn Receipt
SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete	A Signature
 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. 	A. Signature X B. Received by (Printed Name)
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evin J. Beaton, Attorney for Avista Corp toel Rives LLP 01 S. Capitol Boulevard suite 1900 Boise, ID 83702-7705	3. Service Type Certified Mail
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