

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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 <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px;"> <p>Chris Storey Assistant County Counsel 2051 Kaen Road, 4th Floor Oregon City, OR 97045</p> </div>	B. Received by (Printed Name) C. Date of Delivery R. Rice 12-22-14
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
PS Form 3811, February 2004	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
7013 1710 0002 3980 7470	Domestic Return Receipt
102595-02-M-1540	102595-02-M-1540

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1. Article Addressed to: <div style="border: 1px solid black; padding: 5px;"> <p>Greg Geist Water Quality Manager Clackamas County Water Environmental Services 150 Beaver Creek Road Oregon City, OR 97045</p> </div>	B. Received by (Printed Name) C. Date of Delivery R. Geist 12-23-14
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
PS Form 3811, February 2004	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
7013 1710 0002 3980 7487	Domestic Return Receipt
102595-02-M-1540	102595-02-M-1540