

**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.

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*Cody C*

- Agent
- Addressee

B. Received by (Printed Name)

*Cody C*

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
delivery address below:  No

**Lawrence B. Burke**  
**Davis Wright Tremaine LLP**  
**1300 SW Fifth Avenue, Suite 2300**  
**Portland, OR 97201-5630**

3. Service Type

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
(Transfer from service label)

7011 2970 0000 0876 4569

