

**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:

**Thomas R. Wood**  
**Stoel Rives**  
**900 S. W. 5th Avenue, Suite 2600**  
**Portland, Oregon 98101-97204**

2. Article Number  
(Transfer from service label)

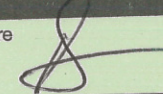
7010 2780 0000 2178 6142

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X



Agent  
 Addressee

B. Received by (Printed Name)

*R. S. ...*

C. Date of Delivery

*4/27*

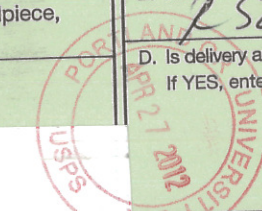
D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

Yes



Domestic Return Receipt

102595-02-M-1540