SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. Agent Addresse B. Received by (Printed Name) C. Date of Delive 1/1/3/12 D. Is delivery address different from Item 1? Yes If YES, enter delivery address below: No
1. Article Addressed to:	
Cable Huston	
1001 SW Fifth Avenue Suite 2000 Portland, OR 97204	☐ Insured Mail ☐ C.O.D.
Suite 2000	Certified Mail
Suite 2000	Certified Mail