

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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 Number

Steve Favro
 Vice President of Operations
 Oregon Ice Cream, LLC.
 4600 NW Camas Meadows Drive, Suite 100
 Camas, WA 98607



9590 9403 0670 5183 4912 01

2. Article Number (Transfer from service label)

7015 0640 0001 0952 9108

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Debi Krouse

Agent

Addressee

B. Received by (Printed Name)

Debi Krouse

C. Date of Delivery

2/19/16

different from item 1? Yes

address below: No

3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Insured Mail

Registered Mail Restricted Delivery (\$500)

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Return Receipt for Merchandise

Signature Confirmation™

Signature Confirmation Restricted Delivery