

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:

**Jay Backus, Vice President
Mill Operations
Clearwater Paper Corp.
PO Box 1126
803 Mill Road
Lewiston, ID 83501**

2. Article Number
(Transfer from service label)

7014 1200 0001 4321 2732

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
[Signature] Addressee

B. Received by *(Printed Name)* *[Signature]* C. Date of Delivery
[Signature] 9-27-15

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? *(Extra Fee)* Yes

Domestic Return Receipt