

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>X Connie Bledsoe</i></p>	
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px;"> <p>Charles A. Brown, Esq. Registered Agent for Empire Lumber 324 Main Street Lewiston, ID 83501</p> </div>	<p>B. Received by (Printed Name) <i>Connie Bledsoe</i></p>	<p>C. Date of Delivery <i>4-18-12</i></p>
	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>		
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>		
<p>2. Article Number (Transfer from service label) 7008 0150 0000 8073 3565</p>		
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540

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1. Article Addressed to: <div style="border: 1px solid black; padding: 5px;"> <p>David A. Klaue, President Empire Lumber Co. 14 E. Main Ave Spokane, WA 99202</p> </div>	<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery <i>4-18-12</i></p>
	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>		
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>		
<p>2. Article Number (Transfer from service label) ES2T 68HT 2000 0T4T 6002</p>		
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