SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Signature X
1. Article Addressed to: Conagra Foods Lamb Weston, Inc. c/o Karima Tomasino p.o. Box 1900 Pasco, Washington 94302	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
	3. Service Type
	□ Insured Mail Restricted Delivery (over \$500) Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature ■ Complete items 1, 2, and 3. ☐ Agent Print your name and address on the reverse ☐ Addressee so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece. or on the front if space permits. 1. Article Addressed to: D. Is delivery address different from item 17 If YES, enter delivery address below: I No Snakcorp, Inc. Sheavers Foods, Inc. 692 Wabash Ave. N. Brewster, Ohio 3. Service Type ☐ Priority Mail Express® ☐ Adult Signature ☐ Registered Mail™ ☐ Adult Signature Restricted Delivery ☐ Registered Mail Restricted Certified Mail® Delivery 9590 9402 1548 5362 9926 59 ☐ Return Receipt for ☐ Certified Mail Restricted Delivery Merchandise □ Collect on Delivery □ Signature Confirmation™ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Insured Mail 0600 nnn1. Restricted Delivery Insured Mail Restricted Delivery (over \$500) PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature Complete items 1, 2, and 3. ☐ Agent Print your name and address on the reverse Addressee so that we can return the card to you. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. ☐ Yes 1. Article Addressed to: D. Is delivery address different from item 1? Art Mortgage Borrower Propeo c/o Marvin Poer + Co. If YES, enter delivery address below: ☐ No 18818 Teller Ave. Suite 277 Irvine, California 92612-1612 3. Service Type Priority Mail Express® ☐ Adult Signature ☐ Registered Mail™ ☐ Adult Signature Restricted Delivery ☐ Registered Mail Restricted Certified Mail® Delivery 9590 9402 1548 5362 9927 03 ☐ Return Receipt for ☐ Certified Mail Restricted Delivery Merchandise ☐ Collect on Delivery ☐ Signature Confirmation™ ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation ☐ Insured Mail 0600 0001 1156 Restricted Delivery ☐ Insured Mail Restricted Delivery (over \$500) PS Form 3811. July 2015 PSN 7530-02-000-9053

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 Addressed to: Driftwood Meacham, LLC -Norma Burnham, Agent 78001 Cottonwood Bend Road Hermiston, Oregon 97838-6166 9590 9402 1548 5362 9927 34 0600 1756

A. Signature ☐ Addressee B. Received by (Printed Name) C. Date of Delivery ☐ Yes D. Is delivery address different from item 1? If YES, enter delivery address below: □ No 3. Service Type ☐ Priority Mail Express® ☐ Adult Signature ☐ Registered Mail™ ☐ Adult Signature Restricted Delivery ☐ Registered Mail Restricted Certified Mail® Delivery ☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise ☐ Collect on Delivery □ Signature Confirmation™ ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation ☐ Insured Mail Restricted Delivery ☐ Insured Mail Restricted Delivery

(over \$500)

COMPLETE THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A,\\$ignature X Margaret Lass Addressee B. Received by (Printed Name) C. Date of Delivery Margaret Gass
1. Article Addressed to: Margaret Gass 201305. South End Road Oregon City, Oregon 97045	D. Is delivery address different from item 1? If YES, enter delivery address below:
9590 9402 1548 5362 9927 96	3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail Restricted Delivery ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery
ó16 0600 0001 1126 0052	☐ Collect on Delivery Restricted Delivery ☐ Insured Mail ☐ Insured Mail Restricted Delivery (over \$500) ☐ Collect on Delivery ☐ Signature Confirmation ☐ Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

SENDER: COMPLETE THIS SECTION A. Signature Complete items 1, 2, and 3. ☐ Agent Print your name and address on the reverse ☐ Addressee so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, 12-29-16 or on the front if space permits. ☐ Yes 1. Article Addressed to: D. Is delivery address different from item 1? Gidney + Randy Britt 78540 Big Buttercreek Road Echo, Ovegon 97826-7040 If YES, enter delivery address below: □ No 3. Service Type ☐ Priority Mail Express® □ Adult Signature ☐ Registered Mail™ ☐ Adult Signature Restricted Delivery ☐ Registered Mail Restricted Certified Mail® Delivery 9590 9402 1548 5362 9926 66 ☐ Certified Mail Restricted Delivery ☐ Return Receipt for ☐ Collect on Delivery Merchandise ☐ Signature Confirmation™ ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation 0600 ☐ Insured Mail 1,1,26 Restricted Delivery ☐ Insured Mail Restricted Delivery

(over \$500)

COMPLETE THIS SECTION ON DELIVERY

PS Form 3811, July 2015 PSN 7530-02-000-9053

SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY A. Stanature ■ Complete items 1, 2, and 3. ☐ Agent Print your name and address on the reverse Addressee so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece. or on the front if space permits. 1. Article Addressed to: ☐ Yes D. Is delivery address different from item 1? Liberated L+E, LLC Fred Colmenero, Agent If YES, enter delivery address below: T No 80261 South Edwards Road Hermiston, Oregon 97838-6564 3. Service Type ☐ Priority Mail Express® ☐ Adult Signature ☐ Registered Mail™ ☐ Adult Signature Restricted Delivery ☐ Registered Mail Restricted Certified Mail® Delivery 9590 9402 1548 5362 9927 89 ☐ Certified Mail Restricted Delivery Return Receipt for Merchandise ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation™ ☐ Signature Confirmation ☐ Insured Mail 0007 7758 0064 0600 Restricted Delivery ☐ Insured Mail Restricted Delivery (over \$500) PS Form 3811, July 2015 PSN 7530-02-000-9053

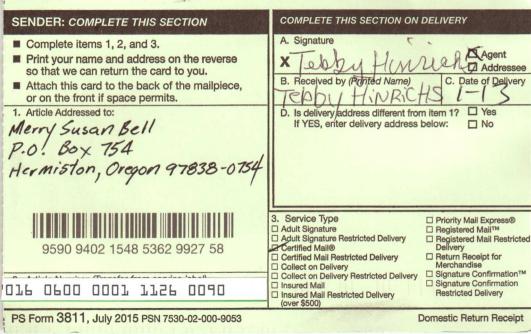
SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY A. Signature Complete items 1, 2, and 3. X Rick of lift Print your name and address on the reverse Addressee so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece. Kick A Craft or on the front if space permits. 1. Article Addressed to: T Yes D. Is delivery address different from item 1? Rick Cratt If YES, enter delivery address below: П No 1118 N. Michigan Ave. Caldwell, Idaho 83605-2318 3. Service Type ☐ Priority Mail Express® □ Adult Signature ☐ Registered Mail™ ☐ Adult Signature Restricted Delivery ☐ Registered Mail Restricted Certified Mail® Delivery 9590 9402 1548 5362 9927 10 ☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise ☐ Collect on Delivery ☐ Signature Confirmation™ ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation 0600 0001 1156 0137 ☐ Insured Mail Restricted Delivery ☐ Insured Mail Restricted Delivery (over \$500) PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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 Addressed to: Eldon McDaniels III 003 E. Windward Lane Kennewick, Washington 99338 	A. Signature X Sherry Manuel Agent Addressee B. Received by (Printed Name) C. Date of Delivery Sherry Manuels 12/36/16 D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
9590 9402 1548 5362 9926 97	3. Service Type
016 0600 0001 1156 0151	☐ Collect on Delivery Restricted Delivery ☐ Insured Mail Restricted Delivery (over \$500) ☐ Collect on Delivery Assignature Confirmation ☐ Signature Confirmation ☐ Signature Confirmation ☐ Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature Complete items 1, 2, and 3. Agent Print your name and address on the reverse X NIALIS ☐ Addressee so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece. Rick A Craft 12/29/16 or on the front if space permits. 1. Article Addressed to: D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: □ No Thomas Craft 1118 N. Michigan Ave. Caldwell, Idaho 83605-2318 3. Service Type ☐ Priority Mail Express® □ Adult Signature ☐ Registered Mail™ ☐ Adult Signature Restricted Delivery □ Registered Mail Restricted Certified Mail® Delivery 9590 9402 1548 5362 9927 27 ☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise ☐ Collect on Delivery ☐ Signature Confirmation™ ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation ☐ Insured Mail 37P 0P00 00UY 1156 Restricted Delivery ☐ Insured Mail Restricted Delivery (over \$500) PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature ■ Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Addressee B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: ☐ Yes D. Is delivery address different from item 1? Craig & Mary Buckallew 17867 Cottonwood Bend Road Hermiston, Oregon 97838 If YES, enter delivery address below: T No 3. Service Type ☐ Priority Mail Express® ☐ Adult Signature ☐ Registered Mail™ ☐ Adult Signature Restricted Delivery □ Registered Mail Restricted Certified Mail® Delivery 9590 9402 1548 5362 9927 65 ☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise ☐ Collect on Delivery ☐ Signature Confirmation™ ☐ Collect on Delivery Restricted Delivery Transfer from conden Johall ☐ Signature Confirmation ☐ Insured Mail 0001 1756 Restricted Delivery ☐ Insured Mail Restricted Delivery (over \$500) PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Signature X
1. Article Addressed to: Terry Dyer 78401 Cottonwood Bend Road Hermiston, Oregon 97838-7151	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
9590 9402 1548 5362 9926 42	3. Service Type □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Certified Mail Restricted Delivery □ Collect on Delivery □ Collect on Delivery Restricted Delivery □ Collect on Delivery Restricted Delivery □ Cilect on Delivery Restricted Delivery □ Cilect on Delivery Restricted Delivery □ Signature Confirmation™
016 0600 0001 1156 0502	□ Collect on Delivery Restricted Delivery □ Insured Mail □ Insured Mail Restricted Delivery □ (over \$500) □ Signature Confirmation □ Signature Confirmation □ Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt



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 Addressed to: Westland Irrigation District ATTN: Stace y Wells P.O. BOX 94 Hermiston, Oregon 97838 9590 9402 1548 5362 9926 80

PS Form 3811, July 2015 PSN 7530-02-000-9053

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COMPLETE THIS SECTION ON DELIVERY

A. Signature Agen Received by (Printed Name C. Date of Delivery

D. Is delivery address different from item 1? If YES, enter delivery address below:

3. Service Type ☐ Priority Mail Express®

☐ Adult Signature ☐ Adult Signature Restricted Delivery Certified Mail®

☐ Insured Mail Restricted Delivery

☐ Insured Mail

(over \$500)

☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery

□ Signature Confirmation™ □ Signature Confirmation Restricted Delivery

☐ Registered Mail™

Return Receipt for

Merchandise

Delivery

☐ Registered Mail Restricted