

PS Form 3811, July 1982

● **SENDER:** Complete Items 1, 2, 3, and 4.
Add your address in the "RETURN TO" space on reverse.

(CONSULT POSTMASTER FOR FEES)

1. The following service is requested (check one).
- Show to whom and date delivered €
 - Show to whom, date, and address of delivery .. €
2. **RESTRICTED DELIVERY** €
(The restricted delivery fee is charged in addition to the return receipt fee.)

TOTAL \$ _____

3. **ARTICLE ADDRESSED TO:**
*Burlington Northern Inc.
 2100 1st Interstate Center
 999 3rd Ave; WA 98104
 Seattle*

4. **TYPE OF SERVICE:**
- REGISTERED INSURED
 - CERTIFIED COD
 - EXPRESS MAIL

ARTICLE NUMBER

(Always obtain signature of addressee or agent)

I have received the article described above.

SIGNATURE Addressee Authorized agent

Kathy Hogenson

5. **DATE OF DELIVERY**
NOV 20 1985

POSTMARK
(may be on reverse side)

6. **ADDRESSEE'S ADDRESS** *(Only if requested)*

7. **UNABLE TO DELIVER BECAUSE:**

7a. **EMPLOYEE'S INITIALS**

RETURN RECEIPT

- **SENDER:** Complete Items 1, 2, 3, and 4.
Add your address in the "RETURN TO" space on reverse.

(CONSULT POSTMASTER FOR FEES)

1. The following service is requested (check one).
- Show to whom and date delivered _____ ¢
- Show to whom, date, and address of delivery .. _____ ¢
2. **RESTRICTED DELIVERY** _____ ¢
(The restricted delivery fee is charged in addition to the return receipt fee.)

TOTAL \$ _____

3. ARTICLE ADDRESSED TO:

Oregon State Highway Dept.
104 S.E. 12th
Pendleton, OR 97801

4. TYPE OF SERVICE:

- REGISTERED INSURED
- CERTIFIED COD
- EXPRESS MAIL

ARTICLE NUMBER

P-547-720-375

(Always obtain signature of addressee or agent)

I have received the article described above.

SIGNATURE Addressee Authorized agent

5. DATE OF DELIVERY

Candy Jones

POSTMARK
(may be on reverse side)

6. ADDRESSEE'S ADDRESS (Only if requested)

11-19

7. UNABLE TO DELIVER BECAUSE:

7a. EMPLOYEE'S
INITIALS

RETURN RECEIPT

● **SENDER:** Complete items 1, 2, 3, and 4.
Add your address in the "RETURN TO" space on reverse.

(CONSULT POSTMASTER FOR FEES)

1. The following service is requested (check one).

Show to whom and date delivered ¢

Show to whom, date, and address of delivery .. ¢

2. **RESTRICTED DELIVERY**..... ¢

(The restricted delivery fee is charged in addition to the return receipt fee.)

TOTAL \$

3. **ARTICLE ADDRESSED TO:**

*E. T. Johnson
Rt. 1 Box 1654
Hermiston, OR 97838*

4. **TYPE OF SERVICE:**

REGISTERED

INSURED

CERTIFIED

COD

EXPRESS MAIL

ARTICLE NUMBER

P-547-720-376

(Always obtain signature of addressee or agent)

I have received the article described above.

SIGNATURE

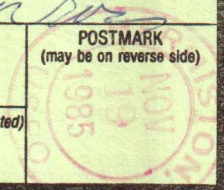
Addressee

Authorized agent

5. **DATE OF DELIVERY**

E. T. Johnson

POSTMARK
(may be on reverse side)



6. **ADDRESSEE'S ADDRESS** (Only if requested)

7. **UNABLE TO DELIVER BECAUSE:**

7a. **EMPLOYEE'S INITIALS**