

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and 2 for additional services.
- Complete items 3, 4a and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

3. Article Addressed to:
Charles Kik
33893 River View Drive
Hermiston, Ore. 97838

4a. Article Number
E 330 913 503

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
4-24

5. Received By: (Print Name)
Flora Kik

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Addressee or Agent)

Thank you for using Return Receipt Service.

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I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

3. Article Addressed to:

Charles Kirk
 8996 E. Saguaro Blossom Rd.
 Grand Canyon, Arizona 85219

4a. Article Number

330 913 501

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

4/19/99

5. Received By: (Print Name)

CK Kirk

6. Sign

8. Addressee's Address (Only if requested and fee is paid)

PS For

Receipt

Thank you for using Return Receipt Service.

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I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

3. Article Addressed to:

*Carol and Helen Northrop
81137 Hwy. 395 N.
Hermiston, Ore. 97838*

4a. Article Number

330 913 506

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

4-22

5. Received By: (Print Name)

Helen R. Northrop

6. Signature (Addressee or Agent)

Helen R. Northrop

8. Addressee's Address (Only if requested and fee is paid)

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I also wish to receive the following service (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

3. Article Addressed to:

Kenneth + Joanne Wilson
P.O. Box 197
Hermiston, Ore. 97838

4a. Article Number

E 330 913 505

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

5. Received By: (Print Name)

Joanne Wilson

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Addressee or Agent)



Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and 2 for additional services. Complete items 3, 4a, and 5.
- Print your name and address on the reverse of this form so that we can return this card to you.
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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following service (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

3. Article Addressed to:

Mechanix, Inc.
 P.O. Box 197
 Hermiston, Ore. 97838

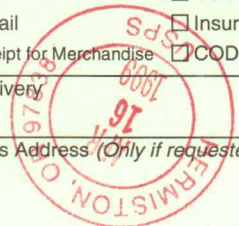
4a. Article Number

330 913 504

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery



5. Received By: (Print Name)

James Wilson

6. Signature (Addressee or Agent)

8. Addressee's Address (Only if requested and fee is paid)

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Is your RETURN ADDRESS completed on the reverse side?

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- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following service (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

3. Article Addressed to:
Leah Cogsdon
822 S. Hwy. 395 # 408
Hermiston, Or. 97838

4a. Article Number
2 330 913 502

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery
4-16-99

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Addressee or Agent)
C. Kennedy *WBB*

Thank you for using Return Receipt Service.