

● **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:

Marie Jewett
Rt. 3 Box 3800, Helmiston

4. TYPE OF SERVICE:

- REGISTERED INSURED
- CERTIFIED COD
- EXPRESS MAIL

ARTICLE NUMBER

P708039019

(Always obtain signature of addressee or agent)

I have received the article described above.

SIGNATURE Addressee Authorized agent

Kil Jewett

5. DATE OF DELIVERY

10/22/84

POSTMARK
(may be on reverse side)

OCT 22 1984

6. ADDRESSEE'S ADDRESS (Only if requested)

7. UNABLE TO DELIVER BECAUSE:

7a. EMPLOYEE'S INITIALS

- **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:**

Sanitary Disposal
P.O. Box 216
HERM

4. **TYPE OF SERVICE:**

- REGISTERED INSURED
- CERTIFIED COD
- EXPRESS MAIL

ARTICLE NUMBER

P208039021

(Always obtain signature of addressee or agent)

I have received the article described above.

SIGNATURE Addressee Authorized agent

R. D. Jewett

5. DATE OF DELIVERY

OCT 19 1984

POSTMARK
(may be on reverse side)OCT
22
1984

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.
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(CONSULT POSTMASTER FOR FEES)

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

TOTAL \$ _____

3. ARTICLE ADDRESSED TO:

*Charlie Kirk
Rt. 3 Box 3802
HERMISTON*

4. TYPE OF SERVICE:

- REGISTERED INSURED
- CERTIFIED COD
- EXPRESS MAIL

ARTICLE NUMBER

P708039020

(Always obtain signature of addressee or agent)

I have received the article described above.

SIGNATURE Addressee Authorized agent

[Handwritten signature]

5. DATE OF DELIVERY

POSTMARK
(may be on reverse side)



6. ADDRESSEE'S ADDRESS (Only if requested)

7. UNABLE TO DELIVER BECAUSE:

7a. EMPLOYEE'S INITIALS

- **SENDER:** Complete items 1, 2, 3, and 4.
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(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:

Pacific NW Bell
P.O. B+ 908
Pendleton, Ore 97801

4. TYPE OF SERVICE:

- REGISTERED INSURED
- CERTIFIED COD
- EXPRESS MAIL

ARTICLE NUMBER

P708039017

(Always obtain signature of addressee or agent)

I have received the article described above.

SIGNATURE Addressee Authorized agent5. **DATE OF DELIVERY**2
1984**POSTMARK**
(may be on reverse side)

OCT 26 84
PENDLETON, OR
USPO

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:**

*Ces. Nat Gas
P.O. Bx 219
Pendleton, Ore. 97801*

4. TYPE OF SERVICE:

- REGISTERED INSURED
- CERTIFIED COD
- EXPRESS MAIL

ARTICLE NUMBER*P708039018***(Always obtain signature of addressee or agent)**

I have received the article described above.

SIGNATURE Addressee Authorized agent5. *Leslie E. Brown*
/DATE OF DELIVERYPOSTMARK
(may be on reverse side)OCT
23
1984

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:

*County Planning
214 S.E. Fourth
Pendleton, Oregon 97800*

4. TYPE OF SERVICE:

- REGISTERED INSURED
- CERTIFIED COD
- EXPRESS MAIL

ARTICLE NUMBER

P708039015

(Always obtain signature of addressee or agent)

I have received the article described above.

SIGNATURE Addressee Authorized agent

5. DATE OF DELIVERY

10/23/84

POSTMARK
(may be on reverse side)



6. ADDRESSEE'S ADDRESS (Only if requested)

7. UNABLE TO DELIVER BECAUSE:

7a. EMPLOYEE'S INITIALS

5

- **SENDER:** Complete items 1, 2, 3, and 4.
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(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:**

Hma. Elec. Coop Assn
P.O. Bx
HERMISTON, ORE 97838

4. TYPE OF SERVICE:

- REGISTERED INSURED
- CERTIFIED COD
- EXPRESS MAIL

ARTICLE NUMBER*P708039016***(Always obtain signature of addressee or agent)**

I have received the article described above.

SIGNATURE Addressee Authorized agent*Linda Higgins***5. DATE OF DELIVERY***12 NOV 10/22***POSTMARK**
(may be on reverse side)**6. ADDRESSEE'S ADDRESS** *(Only if requested)***7. UNABLE TO DELIVER BECAUSE:****7a. EMPLOYEE'S INITIALS**

RETURN RECEIPT