

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery
(Extra charge) (Extra charge)

3. Article Addressed to:

Rodney G. Nichols
P.O. Box 515
Umatilla, OR 97882

4. Article Number

P-306-390-512

Type of Service:

- Registered Insured
 Certified COD
 Express Mail Return Receipt
for Merchandise

Always obtain signature of addressee
or agent and DATE DELIVERED 2/22/90

5. Signature — Addressee

X

6. Signature — Agent

X

7. Date of Delivery

R. G. Nichol

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

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

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1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to:

DENNIS CALP &
M.L. QUICK
2548 CALP LANE
HEMISTON, OR 97838

4. Article Number

P-306-390-514

Type of Service:

- Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee

X

Dennis Calp

6. Signature - Agent

X

[Signature]

7. Date of Delivery

2/18/94

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

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

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1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to:

Charles Kik
Rt. 3 Box 3802
Hermiston, OR 97838

4. Article Number

P-306-390-510

Type of Service:

- Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee

X

6. Signature — Agent

X

7. Date of Delivery

2-26-94 DD

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

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

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1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

3. Article Addressed to:

Vaughn E. & Tamara R.
Parkins

P.O. Box 253

Alexandria, OR 97838

4. Article Number

P-306-390-513

Type of Service:

- Registered Insured
 Certified COD
 Express Mail Return Receipt
for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature Addressee

X *E. Parkins*

6. Signature - Agent

X

7. Date of Delivery

2-18-94

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