| Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. | A. Signature X (10th Eaby Al Agent Addressee | |
|--|--|--|
| Attach this card to the back of the mailpiece, or on the front if space permits. | B. Received by (Printed Name) C. Date of Delivery A LA Eubysk D. Is delivery address different from item 1? | |
| 1. Article Addressed to: James + Alta Enbysk 2 5.E. 8th Street Pendleton, Oregon 97801 | If YES, enter delivery address below: | |
| | 3. Service Type ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery | |
| | 4. Restricted Delivery? (Extra Fee) ☐ Yes | |
| 2. Article Number (Transfer from service label) 7013 2E | 30 0000 5740 4334 | |

SENDER: COMPLETE THIS SECTION

PS Form 3811 July 2013

COMPLETE THIS SECTION ON DELIVERY

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|---|--|
| Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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: Christopher Whitaker 8 S.E. 8th Street Pendleton, Oregon 97801-2318 | A. Signature X Charles Lucion Agent Addressee B. Received by (Printed Name) C. Datejof Delivery Christopher White Wolgalis D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No |
| | 3. Service Type ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| | 4. Hestiloted Delivery! (Extra ree) |
| 2. Article Number 7013 263 (Transfer from service label) | 0 0000 5740 4341 |
| PS Form 3811, July 2013 Domestic Retu | urn Receipt |

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY | |
|--|---|---|
| Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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 B. Received by (Printed Name) | ☐ Agent ☐ Addressee C. Date of Delivery 10 17 2016 |
| 1. Article Addressed to: Eugene + Mary Hallman P.O. Box 668 Pendleton, Oregon 97801 | D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No | |
| | 3. Service Type Certified Mail® Priority Mai Registered Return Rec Insured Mail Collect on I Restricted Delivery? (Extra Fee) | eipt for Merchandise |
| 2. Article Number (Transfer from service label) | 30 0000 5740 4402 | |
| PS Form 3811, July 2013 Domestic Return Receipt | | |

| SENDER: COMPLETE THIS S | ECTION | COMPLETE THIS SECTION ON DELIVERY | |
|---|---|--|----------------------|
| Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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: James Rosenberg 44593 Fulton Road Pendleton, Oregon 97801 | | A. Signature X Life by (Printed Name) B. Received by (Printed Name) D. Is delivery address different from itellif YES, enter delivery address below | man |
| renateton, org | | 3. Service Type Certified Mail® Priority Mai Registered Return Rec Insured Mail Collect on I 4. Restricted Delivery? (Extra Fee) | eipt for Merchandise |
| Article Number (Transfer from service label) | 7013 263 | 30 0000 ,5740 4396 | |
| PS Form 3811, July 2013 | PS Form 3811, July 2013 Domestic Return Receipt | | |

| 是一个人,我们就是一个人的人的人的人,我们就是一个人的人的人,他们就是一个人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的 | | |
|--|---|--|
| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY | |
| Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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: Well's Fargo Financial, Oregon, Inc. 800 Walnut Street | D. Is delivery address different from item 1? The lift YES, enter delivery address below: OCT 0 1 2015 | |
| Des Moines, Iowa 50309 | 3. Service Type Certified Mall Priority Mail Express Registered Insured Mail | |
| | 4. Restricted Delivery? (Extra Fee) | |
| 2. Article Number (Transfer from service label) 7013 2 | 630 0000 5740 4426 | |
| PS Form 3811, July 2013 Domestic | Return Receipt | |

COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. C. Date of Delivery B. Received by (Printed Name) Attach this card to the back of the mailpiece, or on the front if space permits. ☐ Yes D. Is delivery address different from item 1? 1. Article Addressed to: City of Pendleton 500 4.W. Dorion Avenue Pendleton, Oregon 97801 □ No If YES, enter delivery address below: 3. Service Type ☐ Priority Mail Express™ Certified Mail® Registered ☐ Return Receipt for Merchandise Insured Mail ☐ Collect on Delivery 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 431.0 5630 0000 5740 (Transfer from service label)

Domestic Return Receipt

PS Form 3811, July 2013

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY | |
|---|---|--|
| Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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: Iron Horse Investments, L.L.C. 65862 Hunter Road | B. Received by (Printed Name) C. Date of Delivery Lolle Burnell 9-30-15 D. Is delivery address different from item 1? Yes If YES, enter delivery address below: | |
| La Grande, Oregon 97850 | 3. Service Type ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery | |
| | 4. Restricted Delivery? (Extra Fee) Yes | |
| 2. Article Number (Transfer from service label) 7013 263 | 0 0000 5740 4303 | |
| PS Form 3811, July 2013 Domestic Retu | urn Receipt | |

| SENDER: COMPLETE THIS SE | ECTION | COMPLETE THIS SECTION ON DELIVERY |
|---|--|--|
| Complete items 1, 2, and 3. A item 4 if Restricted Delivery is Print your name and address so that we can return the card. Attach this card to the back o or on the front if space permit Article Addressed to: Centon and Kathern 47630 Highway II Adams, Oregon 976 | desired. on the reverse I to you. If the mailpiece, s. | A Signature X Addressee B. Received by (Printed Name) C. Date of Delivery C. Date of Delivery 30 - 15 D. Is delivery address different from item 1? Yes If YES, enter delivery address below: |
| | | 3. Service Type Certified Mail® Priority Mail Express™ Registered Return Receipt for Merchandise Insured Mail Collect on Delivery 4. Restricted Delivery? (Extra Fee) Yes |
| Article Number (Transfer from service label) | 7013 SE | 30 0000 5740 4419 |

PS Form 3811 July 2013

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY | |
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| Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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 A. Agent Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? Yes | |
| 1. Article Addressed to: Julie Clark P. O. Box 712 Pendleton, Oregon 97801 | If YES, enter delivery address below: | |
| penale long of | 3. Service Type | |
| | ☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery | |
| | 4. Restricted Delivery? (Extra Fee) ☐ Yes | |
| 2. Article Number (Transfer from service label) 7013 21 | 30 0000 5740 4327 | |

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PS Form 3811 July 2013

COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature ■ Complete items 1, 2, and 3, Also complete Agent Agent item 4 if Restricted Delivery is desired. Addressee Print your name and address on the reverse 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. Sept 15 or on the front if space permits. ☐ Yes D. Is delivery address different from item 1? 1. Article Addressed to: Nicholis + Janet Skillman No No If YES, enter delivery address below: 711 S.E. Byers Avenue Pendleton, Oregon 97801 3. Service Type Certified Mail® ☐ Priority Mail Express™ ☐ Registered Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7013 2630 5740 (Transfer from service label)

Domestic Return Receipt

PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY A. Signature Complete items 1, 2, and 3. Also complete Agent item 4 if Restricted Delivery is desired. Print your name and address on the reverse 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. ☐ Yes D. Is delivery address different from item 1? 1. Article Addressed to: No If YES, enter delivery address below: Damon Lodge 11 S.E. Bth Street Pendleton, Oregon 97801 3. Service Type Certified Mail® ☐ Priority Mail Express™ ☐ Registered Return Receipt for Merchandise Insured Mail ☐ Collect on Delivery 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 5630 0000 5740 (Transfer from service label)

Domestic Return Receipt

PS Form 3811, July 2013

| SENDER: COMPLETE THIS | SECTION | COMPLETE THIS SECTION ON DELIVERY | |
|--|--|--|-------------------------------------|
| Complete items 1, 2, and 3. item 4 if Restricted Delivery Print your name and address that we can return the call Attach this card to the back or on the front if space permanents. | is desired. s on the reverse and to you. of the mailpiece, | B. Received by (Printed Name) | Agent Addressee C. Date of Delivery |
| 1. Article Addressed to: West One Bank Oregon 803 S.E. Byers Avenue Pendleton, Oregon 97801-2333 | | B. is delivery address different from item 1: — | |
| rena ! | | 3. Service Type | |
| | | Certified Mail® Priority Mai Registered Return Rec Insured Mail Collect on I | eipt for Merchandise |
| | | 4. Restricted Delivery? (Extra Fee) | ☐ Yes |
| Article Number (Transfer from service label) | 7013 263 | 0 0000 5740 4365 | |
| PS Form 3811 July 2013 | Domestic Retu | rn Receint | |