

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

(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: OSHD
680 W. Harper Rd.
Hermiston, OR 97838

4. TYPE OF SERVICE: <input type="checkbox"/> REGISTERED <input type="checkbox"/> INSURED <input checked="" type="checkbox"/> CERTIFIED <input type="checkbox"/> COD <input type="checkbox"/> EXPRESS MAIL	ARTICLE NUMBER P 547 720 380
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(Always obtain signature of addressee or agent)

I have received the article described above.

SIGNATURE Addressee Authorized agent

Carol Smith

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

[Handwritten 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:** Mr. Robert Lamb
1180 S.W. 7th
Hermiston, OR 97801

4. **TYPE OF SERVICE:**

REGISTERED INSURED
 CERTIFIED COD
 EXPRESS MAIL

ARTICLE NUMBER

P-547-720-381

(Always obtain signature of addressee or agent)

I have received the article described above.

SIGNATURE Addressee Authorized agent5. **DATE OF DELIVERY**

JAN 27 1986

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:** Burlington Northern
 2100 1st Interstate Center
 999 3rd Ave. Seattle, WA 98104

4. **TYPE OF SERVICE:**

- REGISTERED
- CERTIFIED
- EXPRESS MAIL
- INSURED
- COD

ARTICLE NUMBER

P 547 720
377

(Always obtain signature of addressee or agent)

I have received the article described above.

SIGNATURE Addressee Authorized agent

5. *Kathy Hopson*

DATE OF DELIVERY

JAN 27 1986

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.
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 c

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:** Umatilla Army Depo
Hermiston, OR 97838

Attn: Chuck Ryan

4. **TYPE OF SERVICE:**

REGISTERED INSURED

CERTIFIED COD

EXPRESS MAIL

ARTICLE NUMBER

P 547 720

382

(Always obtain signature of addressee or agent)

I have received the article described above.

SIGNATURE Addressee Authorized agent

5. *Sandy Fortney*
DATE OF DELIVERY

POSTMARK
(may be on reverse s



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:**
- Stan.-Westland Irrig
-
- P. O. Box 416 Dist.
-
- Stanfield, OR 97875

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

P 547 720

378

(Always obtain signature of addressee or agent)

I have received the article described above.

SIGNATURE Addressee Authorized agent5. **DATE OF DELIVERY**

1-23-86

6. **ADDRESSEE'S ADDRESS** (Only if requested)7. **UNABLE TO DELIVER BECAUSE:**7a. **EMPLOYEE'S INITIALS**

ML

RETURN RECEIPT