

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

The City of Burley, Idaho
c/o Jaxon Munns, Esp.
Murray, Ziel, & Johnston, LLC
770 S. Woodruff Ave.
Idaho Falls, ID 83401



9590 9402 2140 6132 2764 66

2. Article Number (Transfer from service label)

7016 1370 0000 2326 5977

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Cachea Gregston

☒ Agent

☐ Addressee

B. Received by (Printed Name)

Cachea Gregston

C. Date of Delivery

3/27/23

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☒ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Insured Mail

☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Return Receipt for Merchandise

☒ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

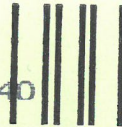
USPS TRACKING #



SALT LAKE CITY UT 840

20 MAR 2020 PM 2 L

9590 9402 2140 6132 2764 66



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box •

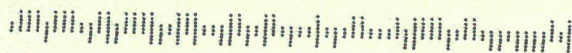
IDAHO PUBLIC UTILITIES COMMISSION

P.O. BOX 83720

BOISE, IDAHO 83720-0074

Admin C15-E-23-01

-080000



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1. Article Addressed to:

The City of Burley, Idaho
c/o David Shirley, City Attorney
Parsons, Smith, Stone, Loveland & Shirley
137 W. 13th Street
Burley, ID 83318



9590 9402 2140 6132 2764 59

2. Article Number (Transfer from service label)

016 1370 0000 2326 5960

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☒ Addressee
X Anita Roberts

B. Received by (Printed Name)
Anita Roberts

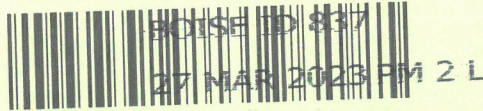
C. Date of Delivery
3/27

D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

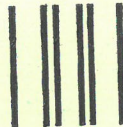
3. Service Type
- ☐ Adult Signature
 - ☐ Adult Signature Restricted Delivery
 - ☒ Certified Mail®
 - ☒ Certified Mail Restricted Delivery
 - ☐ Collect on Delivery
 - ☐ Collect on Delivery Restricted Delivery
 - ☐ Insured Mail
 - ☐ Insured Mail Restricted Delivery (over \$500)
 - ☐ Priority Mail Express®
 - ☐ Registered Mail™
 - ☐ Registered Mail Restricted Delivery
 - ☐ Return Receipt for Merchandise
 - ☒ Signature Confirmation™
 - ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

USPS TRACKING #



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First-Class Mail
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