

U.S. Postal Service™
CERTIFIED MAIL™ RE
 (Domestic Mail Only; No Insurance)
 For delivery information visit our website at usps.com

7009 2820 0001 4359 6767

OFFICE

Postage \$ _____
 Certified Fee \$ _____

Return Receipt (Endorsement Required) _____
 Restricted Delivery (Endorsement Required) _____
 Tracking Number _____

DAVID P AND DAVIS P IRWIN TRUST
 83073 CLAYTON ROAD
 CRESWELL, OR 97426

Postmark Here

000308

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- 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:
 DAVID P AND DAVIS P IRWIN TRUST
 83073 CLAYTON ROAD
 CRESWELL, OR 97426

2. Article Number (Transfer from service label)
 7009 2820 0001 4359 6767

COMPLETE THIS SECTION ON DELIVERY

A. Signature *David P. Irwin* Agent Addressee

B. Received by (Printed Name) *David P. Irwin* C. Date of Delivery *7-5-16*

address different from item 1? Yes No
 or delivery address below:

3. Service Type
 Certified Mail® Registered Insured Mail Priority Mail Express™ Return Receipt for Merchandise Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes No

PS Form 3811, July 2013 Domestic Return Receipt