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Label/Receipt Number: 7009 2250 0002 1247 8748
Expected Delivery Date: September 25, 2010
Class: First-Class Mail®
Service(s): Certified Mail™
Return Receipt
Status: Delivered

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Your item was delivered at 8:25 am on September 27, 2010 in PORTLAND, OR 97201.

Detailed Results:

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Portland, OR 97201
Portland, OR 97201
Gladstone, OR 97027

For delivery information visit our website at www.usps.com

PORTLAND-OR-97204

OFFICIAL USE

| | | |
|---|----------------|-------------------|
| Postage | \$ 0.61 | 0132 |
| Certified Fee | \$2.80 | 07 |
| Return Receipt Fee (Endorsement Required) | \$2.30 | Postmark Here |
| Restricted Delivery Fee (Endorsement Required) | \$0.00 | |
| Total Postage & Fees | \$ 5.71 | 09/24/2010 |

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Sent To

Mr. John S. Ransom
Ransom and Blackman LLP
1001 S.W. Fifth Ave., Suite 1400
Portland, Oregon 97204

PS Form 3800, April 2009 Edition

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|--|
| <ul style="list-style-type: none"> 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. | <p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Pat Cassier</i></p> <p>C. Date of Delivery <i>9/27/10</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> |
| <p>1. Article Addressed to:</p> <p>Mr. John S. Ransom Ransom and Blackman LLP 1001 S.W. Fifth Ave., Suite 1400 Portland, Oregon 97204</p> | <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> |
| <p>2. Article Number (Transfer)</p> | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |



9/28/2010