

PU-13-98

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,

ALAN J. GALLOWAY
 DAVIS WRIGHT TREMAINE, LLP
 1300 SW 5TH AVE, SUITE 2400
 PORTLAND, OR 97201

31 PU-13-98 Filed 02/07/2014 Pages: 1
 Return receipt - First Amended Order
 USPS

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Handwritten Signature]*

Agent

Addressee

B. Received by (*Printed Name*)

[Handwritten Name]

C. Date of Delivery

[Handwritten Date]

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

2. Article Number

(*Transfer from service label*)

7013 2630 0001 2317 0354