

EXHIBIT D

CENTRAL LINCOLN PUD "STUFFER"

Bill Stuffer Program Info

Central Lincoln People's Utility District, at its sole discretion, may occasionally insert printed materials from outside, non-profit organizations into our billing envelopes (if space is available). Approval for these inserts, commonly referred to as "bill stuffers," will be based on the following criteria:

- 1) The insert must be from a non-profit 501(c)(3) organization.
- 2) The entity or organization must have offices within the Central Lincoln P.U.D. service territory, and any benefits derived from the mailing must be applied within that territory.
- 3) The insert may not be political in nature.

Please note the following:

- * The insert must have prior approval by Central Lincoln P.U.D.
- * Insert requests will be handled on a first come, first serve basis.
- * No organization may insert materials more than one time in any 12-month period.
- * Inserts will not displace our own inserts, nor delay our mailing schedule.
- * All mailings will conform to our normal billing cycle. (We send out bills almost every working day. Our billing cycle usually begins on the 1st of each month, and ends around the last day of the month.)
- * Geographic areas covered will be based on zip code, service offer, or division/district boundaries.
- * The P.U.D. will not pay for any paper, printing costs, cutting costs, or additional postage.
- * Your insert must be professionally cut. Hand-cutting (with any hand-operated cutting tool) is not permitted, as even slight variations may result in substantial stuffing and mailing issues.

Bill Stuffer Process:

- 1) Prepare your insert at 8 1/2" x 3 2/3" (In other words, one-third of an 8.5 x 11" sheet of paper).
- 2) Your insert **MUST** contain the following disclaimer ...
"Printing paid for by (Name of Organization), a non-profit 501(c)(3) organization."
If double-sided, disclaimer above must appear on both sides.
- 3) Submit your file to Central Lincoln P.U.D. for approval by the 15th of the month prior.
- 4) Once approved, you may print wherever you choose (check with Central Lincoln P.U.D. for quantity).
Printing must be on a single sheet (not folded). Paper must be #20 to #24 bond or equivalent.
(No glossy, slick or coated papers.) Colored paper okay, provided it meets the above requirements.
- 5) Deliver your finished (printed, professionally cut) inserts to Pioneer Printing by the deadline given to you by the P.U.D.

Central Lincoln P.U.D. reserves the right to refuse this service for any reason.

Should inserts not strictly follow these guidelines, or for any reason cause delays or jamming of the insertion equipment, we reserve the right to discontinue inclusion of the inserts and return unused inserts to the organization.





Lower Umpqua Hospital District Community Health Needs Survey

Lower Umpqua Hospital ~ Reedsport Medical Clinic ~ Dunes Family Health Care ~ LUH Walk In Clinic

Lower Umpqua Hospital District is committed to meeting the health care needs of our community. Help us serve you by answering the questions on both sides of this sheet. Return to one of the collection boxes in LUH lobby, LUHD Business Office, Family Resource Center, Dunes Family Health Care, Reedsport Medical Clinic, LUH Walk In Clinic, Reedsport Library, email to info@luhonline.com, mail to 600 Ranch Road, Reedsport or complete the online survey by visiting our website at www.lowerumpquahospital.org. If you include your name & phone #, surveys returned by July 31st will be entered into a drawing for one of four \$50 gift cards for Safeway, Price & Pride or Riverbanks Speedy Mart in Scottsburg.

1. What services do we provide that are especially important to you?

Printing paid for by Lower Umpqua Hospital District, a non-profit 501(c)(3) organization



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1. What services do we provide that are especially important to you?

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2. Are there services that you would like improved or expanded? Please be specific.
3. What is the biggest need in our community that Lower Umpqua Hospital can help meet?
4. What is the biggest barrier to good health in our community?
5. What health services, programs or specialists would you like to have available in the community?
6. What is the best form of communication for you?
 Newspaper Direct Mail Internet Facebook Other _____

To be entered in the drawing, include your name: _____ Phone # _____

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