

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

OFFICIAL USE

7000 1530 0000 9414 8635

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To Robert L. Buell
Street, Apt. No.; or PO Box No. PO Box 245
City, State, ZIP+4 Worley ID 83876

PS Form 3800, May 2000 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:

BUELL, ROBERT L
PO BOX 245
WORLEY, ID 83876

COMPLETE THIS SECTION ON DELIVERY

- A. Signature [Signature] ☒ Agent ☐ Addressee
- B. Received by (Printed Name) Devin Hemmick C. Date of Delivery 3-14-12
- D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

RECEIVED

MAR 16 2012

DEPARTMENT OF
WATER RESOURCES

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from service label)

7000 1530 0000 9414 8635

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154