

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

OFFICIAL USE

7000 1530 0000 9414 8642

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

Sent To William R. Duncan
Street, Apt. No.; or PO Box No. 6502 Tekoa-Idaho Rd
City, State, ZIP+4 Tekoa WA 99033

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:

DUNCAN, WILLIAM R
6502 TEKOA-IDAHO RD
TEKOA, WA 99033

RECEIVED
MAR 20 2012
DEPARTMENT OF
WATER RESOURCES

2. Article Number

(Transfer from service label)

7000 1530 0000 9414 8642

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X W R Duncan ☒ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

3-16-12

D. Is delivery address different from item 1? ☒ Yes

If YES, enter delivery address below: ☐ No

38420 Idaho Rd.
Tekoa, WA 99033

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

Domestic Return Receipt

102595-02-M-1540