

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

OFFICIAL USE

7000 1530 0000 9414 8789

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

Sent To
 Thomas Family Revocable Trust
 Street, Apt. No., or PO Box No.
 3167 Desmet Rd
 City, State, ZIP+ 4
 Desmet ID 83824
 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:

THOMAS FAMILY REVOCABLE
 TRUST
 3167 DESMET RD
 DESMET, ID 83824

RECEIVED
 MAR 20 2012
 DEPARTMENT OF
 WATER RESOURCES

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 x Dan Thomas ☒ Agent ☐ Addressee

B. Received by (Printed Name)
 DAN THOMAS

C. Date of Delivery
 3-15-12

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☒ No

PO Box 182
 Farmington WA 99128

3. Service Type
☒ 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)

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