

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

OFFICIAL USE

7000 1530 0000 9414 8604

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

Postmark
Here

Sent To Beverly Berger
Street, Apt. No., or PO Box No. 40901 S Cove 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:

BERGER, BEVERLY K
40901 S COVE RD
TEKOA, WA 99033

COMPLETE THIS SECTION ON DELIVERY

A. Signature Beverly K Berger ☐ Agent ☒ Addressee

B. Received by (Printed Name) BEVERLY K BERGER C. Date of Delivery 3-20-12

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

RECEIVED
MAR 23 2012
DEPARTMENT OF
WATER RESOURCES

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 7000 1530 0000 9414 8604
(Transfer from service label)