

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

OFFICIAL USE

7000 1530 0000 9414 8703

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

Postmark
Here

Sent To Ted M Lacy
Street, Apt. No.; or PO Box No. 26078 S Drechsel Rd
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:

LACY, TED M
26078 S DRECHSEL RD
WORLEY, ID 83876

COMPLETE THIS SECTION ON DELIVERY

A. Signature Ted Lacy ☐ Agent ☒ Addressee

B. Received by (Printed Name) TED LACY C. Date of Delivery 3/21/12

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

RECEIVED

MAR 23 2012

DEPARTMENT OF
WATER RESOURCES

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)

7000 1530 0000 9414 8703

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540