

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

OFFICIAL USE

7000 1530 0000 9414 8833

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

Sent To Howard Furman
Street, Apt. No.; or PO Box No. 3183 Windfall Pass Rd
City, State, ZIP+4 Plummer ID 83851

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:

HOWARD FURMAN
3183 WINDFALL PASS RD
PLUMMER ID 83851

RECEIVED

MAR 27 2012

DEPARTMENT OF
WATER RESOURCES

2. Article Number

(Transfer from service label)

7000 1530 0000 9414 8833

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Shelly Miller ☒ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

3/22/12

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

Shelly Miller

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes