

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 mail piece, or on the front if space permits.

1. Article Addressed to:

APR 20 2012

**DEPARTMENT OF
WATER RESOURCES**

**SANTA WATER & SEWER DISTRICT
PO BOX 215
FERNWOOD, ID 83830**

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Marytha Reiman

☐ Agent

☒ Addressee

B. Received by (Printed Name)

Marytha Reiman

C. Date of Delivery

4/18/12

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☒ No

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)

7007 3020 0001 4040 2600

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540