

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 23 2012

DEPARTMENT OF
WATER RESOURCES
CLARKIA WATER & SEWER DIST
PO BOX 96
CLARKIA, ID 83812

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature]

☒ Agent
☐ Addressee

B. Received by (Printed Name)

Dawn Knudsen

C. Date of Delivery

4/19/12

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☒ No

PO BOX 1096

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 serv)

7000 1530 0000 9414 8949

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540