

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ 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.		A. Signature X <i>Chad E. Hammon</i> ☐ Agent ☐ Addressee	
1. Article Addressed to: HAMMONS, CHAD E 88550 HWY 3 N ST MARIES, ID 83861		B. Received by (Printed Name) <i>Chad E. Hammons</i>	C. Date of Delivery <i>4/20/12</i>
		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
		RECEIVED APR 24 2012 DEPARTMENT OF WATER RESOURCES	
		3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) ☐ Yes	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	