

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:

KRASSELT, DAVID P
88586 HWY 3 N
ST MARIES, ID 83861

2. Article Number

(Transfer from st.)

7000 1530 0000 9414 9038

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

David Krasse

C. Date of Delivery

4-19-2012

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

APR 24 2012

DEPARTMENT OF
WATER RESOURCES

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

Domestic Return Receipt

102595-02-M-1540