

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:

NEEDHAM, MICHAEL J
PO BOX 25
TENSED ID 83870

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X☐ Agent☐ AddresseeB. Received by (*Printed Name*)

C. Date of Delivery

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

APR 23 2002

DEPARTMENT OF
WATER RESOURCES

CENTRAL POSTAL SERVICES

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 s)

7007 3020 0001 4040 2532

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540