

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:

BUELL, JACK A
318 HIGHLAND DR
ST MARIES, ID 83861

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x

Barbara Bentley☐ Agent
☐ Addressee

B. Received by (Printed Name)

Barbara Bentley

C. Date of Delivery

*5-21-12*D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

RECEIVED

MAY 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)

☐ Yes2. Article Number
(Transfer from service label)

7007 3020 0001 4040 3102

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540