

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:

MOEHRLE, WILLIAM ESTATE
489 CRESTLINE CIRCLE DR
LEWISTON, ID 83501

RECEIVED**MAY 24 2012****DEPARTMENT OF
WATER RESOURCES****COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

Rick Moehrle

☒ Agent☐ Addressee

B. Received by (Printed Name)

RICK MOEHRLE

C. Date of Delivery

5-21-12

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

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 service label)

7007 3020 0001 4040 3355

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540