

**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:

PORT, COLIN F  
30 ST JOE RIVER PARK  
ST MARIES, ID 83861

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

x *Connie Port*☐ Agent☐ Addressee

B. Received by (Printed Name)

*Connie Port*

C. Date of Delivery

*5-21-12*D. Is delivery address different from item 1? ☐ YesIf 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)

☐ Yes

2. Article Number

(Transfer from service label)

7007 3020 0001 4040 3447