

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:

KOPP, WILLIAM J
1558 COTTONWOOD DR
ST MARIES, ID 83861

2. Article Number
(Transfer from service label)

7007 3020 0001 4040 3294

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Billy Kopp☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

5-23-12

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ NoRECEIVED
MAY 25 2012
DEPARTMENT OF
WATER RESOURCESBilly Kopp

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