

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ 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.		A. Signature X <i>Destrie Brown</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Destrie Brown</i> C. Date of Delivery <i>5/22/2012</i> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
1. Article Addressed to: CHURCH OF THE NAZARENE PO BOX 332 ST MARIES, ID 83861		3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) ☐ Yes	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

RECEIVED
MAY 25 2012
DEPARTMENT OF
WATER RESOURCES

7007 3020 0001 4040 3126