

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:

ANDERSON, SHANNON
5803 W RIVERVIEW DR
COEUR D ALENE, ID 83814

COMPLETE THIS SECTION ON DELIVERY**A. Signature****X**☐ Agent☐ Addressee**B. Received by (Printed Name)**

S. Anderson

C. Date of Delivery

3-20

D. Is delivery address different from item 1?☐ Yes

If YES, enter delivery address below:

☐ No**MAR 22 2013****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))

7012 1640 0001 3856 5160

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540