

**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:

HAINES, ROGER  
10688 E PARKS RD  
ATHOL, ID 83801

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

x *Roger Haines*

☐ Agent☐ Addressee

B. Received by (Printed Name)

*ROGER HAINES*

C. Date of Delivery

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 6044

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540