

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:

HAYES, ROBERT
11700 E NUNN RD
ATHOL, ID 83801

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Joan Hayes*

☐ Agent☐ Addressee

B. Received by (Printed Name)

Joan Hayes

C. Date of Delivery

3-20

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

If YES, enter delivery address below:

☐ No

RECEIVED
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 6181

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540