

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:

MCKINLEY HEIGHTS CO-OP ASSN
PO BOX 502
BAYVIEW, ID 83803

COMPLETE THIS SECTION ON DELIVERY**A. Signature**

X *[Signature]* ☐ Agent
☐ Addressee

B. Received by (Printed Name)

RANDALL FRICKEN

C. Date of Delivery

0 2

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

If YES, enter delivery address below: ☒ No

RECEIVED

MAR 22 2013

3. Service Type

- DEPARTMENT OF WATER RESOURCES
- ☐ Certified Mail
 - ☐ Registered
 - ☐ Insured Mail
 - ☐ Return Receipt for Merchandise
 - ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)☐ Yes**2. Article Number**

(Transfer from service label)

7012 1640 0001 3856 6730

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540