

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:

MILLER, LEE E
24745 ALSEA HWY
PHILOMATH, OR 97370

RECEIVED**MAR 22 2013**

DEPARTMENT OF

WATER RESOURCES

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Ken Vanleuren*☒ Agent☐ Addressee

B. Received by (Printed Name)

Ken Vanleuren

C. Date of Delivery

3-20-13

D. Is delivery address different from item 1?

☒ Yes

If YES, enter delivery address below:

☐ No

*P.O. BOX 638
PHILOMATH OR 97370-0638*

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7012 1640 0001 3856 6815

Domestic Return Receipt

102595-02-M-1540