

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:
 MORRILL, DAVID C
 8139 E HOWARD RD
 ATHOL, ID 83801

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
☒ Addressee
 B. Received by (Printed Name) C. Date of Delivery
 D. Morrill 3/20/13
 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 lab)

7012 1640 0001 3856 6860

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540