

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:

SPADE, BERNAHD H & MARY J
139 SUNSET RD
ATHOL, ID 83801

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

X *Mary Jane Spade* ☐ Agent ☒ Addressee

B. Received by (Printed Name)

Mary Jane Spade

C. Date of Delivery

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 label) ///

7012 1640 0001 3856 7522

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540