

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:

TWIN ECHO SHORES ASSOC
PO BOX 339
RATHDRUM, ID 83858

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x

Dean Foraker

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Dean Foraker

C. Date of Delivery

3-20-13

D. Is delivery address different from Item 1? If YES, enter delivery address below

☐ Yes

☐ 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 3975

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540