

SENDER: COMPLETE THIS SECTION

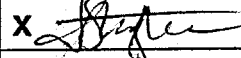
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

VESTER DICK L
425 PINE ST
WALLACE, ID 83873

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X 

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

JESSICA SMITZLE

C. Date of Delivery

3-22-13

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

- ☐ Yes
☐ No

RECEIVED
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 4040

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540