

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:

ADAMS, TERESA JOAN
714 29TH ST N
LEWISTON, ID 83501

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Teresa Adams☐ Agent☐ Addressee

B. Received by (Printed Name)

Teresa Adams

C. Date of Delivery

3-21-13

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No**MAR 25 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 5115

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540