

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:

DOLAN, DAVID P
PO BOX 3611
COEUR D ALENE, ID 83816

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Laura Regenhart

- ☐
- Agent
-
- ☐
- Addressee

B. Received by (Printed Name)

Laura Regenhart

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 5696

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540