

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:

FOOTE, JAMES
508 S MILLVIEW LANE
COEUR D ALENE, ID 83814

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

Jim Foote ☒ Agent
☐ Addressee

B. Received by (Printed Name)

Jim Foote

C. Date of Delivery

3.21.13

RECEIVED
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 5863

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540