

**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:

FROVARP, WAYNE H  
600 W ROCKY RD  
RATHDRUM, ID 83858

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*X Theima Frovarp*☐ Agent☐ Addressee

B. Received by (Printed Name)

*THEIMA FROVARP*

C. Date of Delivery

*MAR 21 2013*D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below. ☐ No**RECEIVED**  
**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 5894

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540