

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:

HORN, SHANNON
285 S SIMONSEN RD
POST FALLS, ID 83854

COMPLETE THIS SECTION ON DELIVERY**A. Signature****X** *Shannon Horn*☐ Agent☐ Addressee**B. Received by (Printed Name)***Shannon Horn***C. Date of Delivery***3-20-13***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 6235

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540