

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:

MINATRE, WILLIAM
20352 N GUNNING RD
RATHDRUM, ID 83858

COMPLETE THIS SECTION ON DELIVERY**A. Signature****X***William Minatre*☐ Agent☐ Addressee**B. Received by (Printed Name)***Paulette Minatre***C. Date of Delivery***3-20-13***D. Is delivery address different from item 1?**

If YES, enter delivery address below:

☐ Yes☒ 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 6822

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540