

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:
OLSON, JOEL M
PO BOX 97
BLANCHARD, ID 83804

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Joel M Olson ☒ Agent
☒ Addressee

B. Received by (Printed Name)

JOEL M OLSON

C. Date of Delivery

*3/23/13*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 6990

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540