

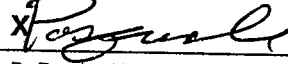
SENDER: COMPLETE THIS SECTION

- 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:
PASQUALE ALEXANDER MASTANTUONO AND
KAREN ANN
5391 E SHORELINE DR
POST FALLS, ID 83854

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent☐ Addressee

B. Received by (Printed Name)

PASQUALE

C. Date of Delivery

3-22-13

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 7058

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540