

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:

RONALD AND PAMELA SPENCER FAMILY
TRUST
PO BOX 362
BAYVIEW, ID 83803

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☒ Addressee

B. Received by (Printed Name)

Pamela

C. Date of Delivery

MAR 21 2013

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

MAR 25 2013

BAYVIEW
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 serv) || 7012 1640 0001 3856 7324

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540