

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:

WALKINSHAW, ROSS
438 S CASSIUS CT
COEUR D ALENE, ID 83814

2. Article Number

(Transfer from service label)

7012 1640 0001 3856 4064

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Ross Walkinshaw* ☐ Agent
☒ Addressee

B. Received by (Printed Name)

ROSS WALKINSHAW

C. Date of Delivery

21 MAR 13

D. Is delivery address different from item 1? ☐ YesIf 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