

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:

WILDER, DALE
5999 E LACEWOOD LN
POST FALLS, ID 83854

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Donna Wilder

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

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 4163

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540