

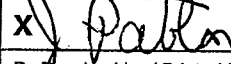
SENDER: COMPLETE THIS SECTION

- 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.

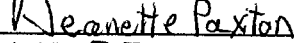
1. Article Addressed to:
PAXTON, STEPHEN
6579 W HARBOR DR
COEUR D ALENE, ID 83814

COMPLETE THIS SECTION ON DELIVERY

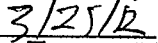
A. Signature

☐ Agent☐ Addressee

B. Received by (Printed Name)



C. Date of Delivery



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

MAR 27 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 7089

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540