

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:

STALLCUP, LINDA
PO BOX 2274
HAYDEN, ID 83835

COMPLETE THIS SECTION ON DELIVERY**A. Signature**

X *[Signature]*

☐ Agent☐ Addressee**B. Received by (Printed Name)**

LINDA STALLCUP

C. Date of Delivery

D. Is delivery address different from item 1?
If YES, enter delivery address below:

☐ Yes☐ 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)

7012 1640 0001 3856 7553

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540