

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:

SUER, WILLIAM F
6369 W STANDING ELK TRL
COEUR D ALENE, ID 83814

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

X Donna Suer ☐ Agent
☒ Addressee

B. Received by (Printed Name)**C. Date of Delivery**

Donna Suer

3/25/13

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 3821

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540