

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:

DE TAR, THOMAS
3135 S SCHILLING LOOP RD
POST FALLS, ID 83854

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Cynthia deTar*☐ Agent☐ Addressee

B. Received by (Printed Name)

Cynthia deTar

C. Date of Delivery

*3-26-13*D. Is delivery address different from item 1?
If YES, enter delivery address below☐ Yes☐ No**MAR 28 2013****DEPARTMENT OF**

3. Service Type

WATER RESOURCES☐ 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 5665

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540