

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:

HACKNEY WATER SEWER DISTRICT
C/O MARY ZACCANTI
PO BOX 989
ATHOL, ID 83801

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Greg Moors

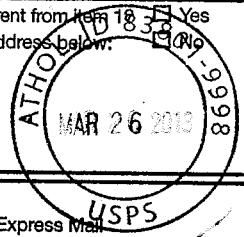
- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Greg Moors

C. Date of Delivery

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



RECEIVED

MAR 28 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 6020

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540