

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:

SCRANTON, JAMES
24660 E SCRANTON RD
ATHOL, ID 83801

RECEIVED**MAR 29 2013****DEPARTMENT OF
WATER RESOURCES****COMPLETE THIS SECTION ON DELIVERY**

A. Signature

James M Scranton ☒ Agent
☒ Addressee

B. Received by (Printed Name)

James M Scranton

C. Date of Delivery

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

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 7430

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540