

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:

MILKS, RAYMOND
6249 W STURGEON RD
RATHDRUM, ID 83858

2. Article Number

/// (Transfer from service label) ///

PS Form 3811, February 2004

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

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

LACURA, MILKS

APR 01 2013

D. Is delivery address different from item 1?

- ☐ Yes
☐ No

If YES, enter delivery address below:

APR 03 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

7012 1640 0001 3856 6785

Domestic Return Receipt

102595-02-M-1540