

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:

SAMUEL T & TERESA RICHARDSON
PO BOX 843
OSBURN, ID 83849

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

X *Sam Richardson*

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

5/22/13

D. Is delivery address different from item 1?☐ Yes

If YES, enter delivery address below:

☐ No

RECEIVED
MAY 24 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 1025

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540