

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:

BISSELL, ANGELO
5305 E OGARA RD
HARRISON, ID 83833

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Josh P. Pira☒ Agent☐ Addressee

B. Received by (Printed Name)

Josh Pira

C. Date of Delivery

*5-23*D. Is delivery address different from item 1?
If YES, enter delivery address below:☐ Yes☐ No**RECEIVED**
MAY 29 2004**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 0110

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540