

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:

LEEGE, THOMAS
3205 W PINE HILL DR
COEUR D ALENE, ID 83815

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X *Thomas Legee* ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
Tom Legee *5-28-13*

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

RECEIVED
MAY 30 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 0646

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540