

| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                  | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| <ul style="list-style-type: none"><li>Complete items 1, 2, and 3.</li><li>Print your name and address on the reverse so that we can return the card to you.</li><li>Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul> | A. Signature<br><input checked="" type="checkbox"/> <i>Dana Hansen</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                | B. Received by (Printed Name)<br><i>Dana Hansen</i> C. Date of Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 1. Article Addressed to:<br><div>RONALD D HANSEN<br/>6935 N 500 W<br/>TETONIA, ID 83452</div>                                                                                                                                                                  | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <div>9590 9402 6444 0346 9225 78</div>                                                                                                                                                                                                                         | 3. Service Type<br><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™<br><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery<br><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™<br><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery<br><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery<br><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery<br><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |
| 2. Article Number (Transfer from service label)<br>7020 2450 0002 0385 6426                                                                                                                                                                                    | Department of Water Resources<br>Eastern Region                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| PS Form 3811, July 2020 PSN 7530-02-000-9053                                                                                                                                                                                                                   | Domestic Return Receipt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                  | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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|                                                                                                                                                                                                                                                                | B. Received by (Printed Name)<br><i>Gary L Hansen</i> C. Date of Delivery<br>10-05-21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 1. Article Addressed to:<br><div>GARY L HANSEN<br/>C/O BRIAN L HANSEN<br/>335 PARKER DR<br/>FOLSOM, CA 95630</div>                                                                                                                                             | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <div>9590 9402 6444 0346 9226 08</div>                                                                                                                                                                                                                         | 3. Service Type<br><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™<br><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery<br><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™<br><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery<br><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery<br><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery<br><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |
| 2. Article Number (Transfer from service label)<br>7020 2450 0002 0385 6396                                                                                                                                                                                    | Department of Water Resources<br>Eastern Region                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| PS Form 3811, July 2020 PSN 7530-02-000-9053                                                                                                                                                                                                                   | Domestic Return Receipt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

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|                                                                                                                                                                                                                                                                | B. Received by (Printed Name)<br><i>Rodney Barnes</i> C. Date of Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 1. Article Addressed to:<br><div>RODNEY BARNES<br/>PO BOX 1054<br/>DRIGGS, ID 83422</div>                                                                                                                                                                      | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <div>9590 9402 6444 0346 9225 92</div>                                                                                                                                                                                                                         | 3. Service Type<br><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™<br><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery<br><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™<br><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery<br><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery<br><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery<br><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |
| 2. Article Number (Transfer from service label)<br>7020 2450 0002 0385 6402                                                                                                                                                                                    | Department of Water Resources<br>Eastern Region                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| PS Form 3811, July 2020 PSN 7530-02-000-9053                                                                                                                                                                                                                   | Domestic Return Receipt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

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|                                                                                                                                                                                                                                                                | B. Received by (Printed Name)<br><i>Dana Hansen</i> C. Date of Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 1. Article Addressed to:<br><div>KYLE HANSEN<br/>6345 N 500 W<br/>TETONIA, ID</div>                                                                                                                                                                            | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <div>9590 9402 6444 0346 9225 61</div>                                                                                                                                                                                                                         | 3. Service Type<br><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™<br><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery<br><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™<br><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery<br><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery<br><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery<br><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |
| 2. Article Number (Transfer from service label)<br>7020 2450 0002 0385 6433                                                                                                                                                                                    | Department of Water Resources<br>Eastern Region                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| PS Form 3811, July 2020 PSN 7530-02-000-9053                                                                                                                                                                                                                   | Domestic Return Receipt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

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|                                                                                                                                                                                                                                                                | B. Received by (Printed Name)<br><i>Robert L Harris</i> C. Date of Delivery<br>10-4-21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 1. Article Addressed to:<br><div>ROBERT L HARRIS<br/>HOLDEN KIDWELL HAHN &amp; CRAPO<br/>1000 RIVERWALK DRIVE, STE 200<br/>PO BOX 50130<br/>IDAHO FALLS, ID 83405-0130</div>                                                                                   | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <div>9590 9402 6444 0346 9225 47</div>                                                                                                                                                                                                                         | 3. Service Type<br><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™<br><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery<br><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™<br><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery<br><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery<br><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery<br><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |
| 2. Article Number (Transfer from service label)<br>7020 2450 0002 0385 6457                                                                                                                                                                                    | Department of Water Resources<br>Eastern Region                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| PS Form 3811, July 2020 PSN 7530-02-000-9053                                                                                                                                                                                                                   | Domestic Return Receipt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

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|                                                                                                                                                                                                                                                                | B. Received by (Printed Name)<br><i>Rocky Mountain Environmental Assoc Inc</i> C. Date of Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 1. Article Addressed to:<br><div>ROCKY MOUNTAIN ENVIRONMENTAL ASSOC INC<br/>C/O KRISTIN MOORE<br/>482 CONSTITUTION WAY STE 303<br/>IDAHO FALLS, ID 83402</div>                                                                                                 | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <div>9590 9402 6444 0346 9225 54</div>                                                                                                                                                                                                                         | 3. Service Type<br><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™<br><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery<br><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™<br><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery<br><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery<br><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery<br><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |
| 2. Article Number (Transfer from service label)<br>7020 2450 0002 0385 6440                                                                                                                                                                                    | Department of Water Resources<br>Eastern Region                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| PS Form 3811, July 2020 PSN 7530-02-000-9053                                                                                                                                                                                                                   | Domestic Return Receipt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

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|                                                                                                                                                                                                                                                                | B. Received by (Printed Name)<br><i>Grouse Creek Reserve LLC</i> C. Date of Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 1. Article Addressed to:<br><div>GROUSE CREEK RESERVE LLC<br/>180 S LAKE AVE STE 405<br/>PASADENA, CA 91101</div>                                                                                                                                              | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <div>9590 9402 6444 0346 9226 15</div>                                                                                                                                                                                                                         | 3. Service Type<br><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™<br><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery<br><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™<br><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery<br><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery<br><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery<br><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |
| 2. Article Number (Transfer from service label)<br>68E9 58E0 2000 0542 0202                                                                                                                                                                                    | Department of Water Resources<br>Eastern Region                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| PS Form 3811, July 2020 PSN 7530-02-000-9053                                                                                                                                                                                                                   | Domestic Return Receipt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

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|                                                                                                                                                                                                                                                                | B. Received by (Printed Name)<br><i>Dennis D Craig</i> C. Date of Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 1. Article Addressed to:<br><div>DENNIS D CRAIG<br/>PO BOX 8<br/>TETONIA, ID 83452</div>                                                                                                                                                                       | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <div>9590 9402 6444 0346 9225 85</div>                                                                                                                                                                                                                         | 3. Service Type<br><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™<br><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery<br><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Signature Confirmation™<br><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery<br><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery<br><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery<br><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |
| 2. Article Number (Transfer from service label)<br>7020 2450 0002 0385 6419                                                                                                                                                                                    | Department of Water Resources<br>Eastern Region                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| PS Form 3811, July 2020 PSN 7530-02-000-9053                                                                                                                                                                                                                   | Domestic Return Receipt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |