

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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.

CITY OF SPIRIT LAKE
PO BOX 309
SPIRIT LAKE ID 83869-0309



9590 9402 2139 6132 6802 36

2. Article Number (Transfer from service label)

7016 0750 0000 5028 6261

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Renee Dishman

☐ Agent☒ Addressee

B. Received by (Printed Name)

Renee Dishman

C. Date of Delivery

1/5/21

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

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

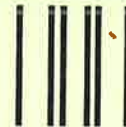
Domestic Return Receipt

USPS TRACKING #



SPOKANE WA 990

15 JAN 2021 PM 1 L



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

9590 9402 2139 6132 6802 36

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box

RECEIVED
JAN 20 2021

DEPT OF WATER RESOURCES
WATER RIGHTS SECTION
PO BOX 83720
BOISE, ID 83720-0098

DEPARTMENT OF
WATER RESOURCES

Debtor 95-17139

