

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**

Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee

\$ 3.55

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.85

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage

\$.65

Total Postage and Fees

\$ 7.05

Sent To

PATRICK D BROWN PC

PO BOX 125

TWIN FALLS ID 83303-0125

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

47-17664

Sent 12/9/20

Postmark
Here

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. Article Addressed to:

PATRICK D BROWN PC
PO BOX 125
TWIN FALLS ID 83303-0125



9590 9402 5904 0049 4949 69

2. Article Number (Transfer from service label)

7020 0090 0001 5403 0102

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ *[Signature]*

☒ Agent

☐ Addressee

B. Received by (Printed Name)

Amadeus Bates

C. Date of Delivery

12/16/20

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

If 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

☐ Insured Mail

☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☒ Return Receipt for Merchandise

☒ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

USPS TRACKING#



9590 9402 5904 0049 4949 69

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

**United States
Postal Service**

RECEIVED

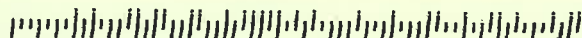
DEC 18 2020

DEPT OF WATER RESOURCES
SOUTHERN REGION

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

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
650 ADDISON AVE W, STE 500
TWIN FALLS, ID 83301

RETURN SERVICE REQUESTED



DM 47-17664

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☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage

\$.65

Total Postage and Fees

\$ 7.05

47-17664

Sent 12/9/20

Postmark
Here

Sent To

ROBERT & JANA LINDERMAN

Street and

4377 N 1400 E

City, State,

BUHL ID 83316-5234

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ROBERT & JANA LINDERMAN
4377 N 1400 E
BUHL ID 83316-5234



9590 9402 5904 0049 4949 83

2. Article Number (Transfer from service label)

7020 0090 0001 5403 0089

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *RLC-19*
RLP

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

12/11/20

- D. Is delivery address different from item 1? ☐ Yes
If 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
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☒ Return Receipt for Merchandise
☒ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

USPS TRACKING #



9590 9402 5904 0049 4949 83

United States
Postal Service

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

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
650 ADDISON AVE W, STE 500
TWIN FALLS, ID 83301

RETURN SERVICE REQUESTED

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

DEC 14 2020

DEPT OF WATER RESOURCES
82142N ID

bm 47-17664

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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OFFICIAL USE

Certified Mail Fee

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Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.85
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage

\$.65

Total Postage and Fees

\$ 7.05

Sent To

ANGSTMAN JOHNSON
 199 S CAPITOL BLVD STE 200
 BOISE ID 83702

47-17664

Sent 12/9/20

Postmark
 Here

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

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. Article Addressed to:

ANGSTMAN JOHNSON
 199 S CAPITOL BLVD STE 200
 BOISE ID 83702



9590 9402 5904 0049 4949 52

2. Article Number: (Transfer from service label)

7020 0090 0001 5403 0119

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Murien Bernhart

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

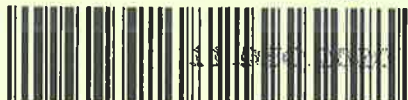
D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over \$500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☒ Return Receipt for Merchandise
☒ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

USPS TRACKING #



9590 9402 5904 0049 4949 52

**United States
 Postal Service**

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STATE OF IDAHO
 DEPARTMENT OF WATER RESOURCES
 650 ADDISON AVE W, STE 500
 TWIN FALLS, ID 83301

RETURN SERVICE REQUESTED

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 USPS
 Permit No. G-10

DEC 14 2020

DEPT OF WATER RESOURCES
 SOUTHERN REGION

dm 47-17664

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☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

47-17664
 Sent 12/9/20

Postmark
 Here

Postage
 \$.65-
 Total Postage and Fees
 \$ 7.05

Sent To MIKE & SALLY HAMILTON
 Street an 526 SAWTOOTH AVE
 City, Stat. BUHL ID 83316-5708

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MIKE & SALLY HAMILTON
 526 SAWTOOTH AVE
 BUHL ID 83316-5708



9590 9402 5904 0049 4949 76

2. Article Number (Transfer from service label)

7020 0090 0001 5403 0096

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

12/11/20

D. Is delivery address different from item 1? If YES, enter delivery address below:

☐ Yes

☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ 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#



9590 9402 5904 0049 4949 76

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 Postal Service**

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STATE OF IDAHO
 DEPARTMENT OF WATER RESOURCES
 650 ADDISON AVE W, STE 500
 TWIN FALLS, ID 83301

RETURN SERVICE REQUESTED



dm 47-17664