

7016 1370 0000 2332 8214

U.S. Postal Service TM CERTIFIED MAIL [®] RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com [®] .	
OFFICIAL USE	
<div>Certified Mail Fee \$</div> <div>Extra Services & Fees (check box, add fee as appropriate)</div> <div><input type="checkbox"/> Return Receipt (hardcopy) \$</div> <div><input type="checkbox"/> Return Receipt (electronic) \$</div> <div><input type="checkbox"/> Certified Mail Restricted Delivery \$</div> <div><input type="checkbox"/> Adult Signature Required \$</div> <div><input type="checkbox"/> Adult Signature Restricted Delivery \$</div> <div>Postage \$</div> <div>Total Postage and Fees \$</div>	<div>Notice of Hearing WRAPP: 57- 12015</div> <div>Postmark Here</div> <div>Sent 11-4-2020</div>
<div>Sent To <u>Steve Cately</u></div> <div>Street and Apt. No., or PO Box No. <u>5622 Pascoe RD</u></div> <div>City, State, ZIP+4[®] <u>Maryland 2083639</u></div>	
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:

Steve Coiteux
5622 Patcoe RD
Marsing, ID 83639



9590 9402 1621 6053 7951 48

2. Article Number (Transfer from service label)

7016 1370 0000 2332 8214

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Steve Coiteux*

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

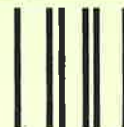
D. Is delivery address different from item 1?

☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

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

USPS TRACKING#



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

9590 9402 1621 6053 7951 48

United States
Postal Service

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

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WESTERN REGIONAL OFFICE
2735 AIRPORT WAY
BOISE, IDAHO 83705

RECEIVED

NOV 12 2020

WATER RESOURCES
WESTERN REGION