

USPS TRACKING #



9590 9402 1621 6053 7955 20



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

9590 9402 1621 6053 7955 20

United States
Postal Service

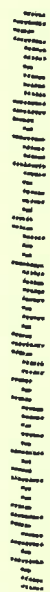
• Sender: Please print your name, address, and ZIP+4® in this box •

RECEIVED

APR 27 2020

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

WATER RESOURCES
WESTERN REGION



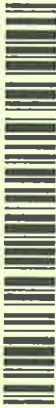
SENDER: COMPLETE THIS SECTION

- 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:

*Sautboth Law Office
Attn: Baye Farris
1101 W Ever St Ste 110
Box 7985
Boise ID 83707*

9590 9402 1621 6053 7955 20



2. Article Number (Transfer from service label)

7016 1370 0000 2332 7965

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature  ☒ Agent ☐ Addressee

B. Received by (Printed Name) *Baye Farris* C. Date of Delivery *4.23.20*

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

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

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

OFFICIAL USE

*Hearing & Public Testimony
Notice & Scheduling
Order*

Postmark
Here

*Rec'd: 03-31-14
Sent: 4/10/2020*

Certified Mail Fee \$ _____

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

☐ Return Receipt (hardcopy) \$ _____

☐ Return Receipt (electronic) \$ _____

☐ Certified Mail Restricted Delivery \$ _____

☐ Adult Signature Required \$ _____

☐ Adult Signature Restricted Delivery \$ _____

Postage \$ _____

Total Postage and Fees \$ _____

Sent To *Sautboth Law Office / Baye Farris*

Street and Apt. No. or PO Box No. *1101 W Ever St Ste 110 / PO Box 7985*

City, State, ZIP+4® *Boise ID 83707*

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7016 1370 0000 2332 7965