

USPS TRACKING #



9590 9402 1621 6053 7955 6B



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

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
APR 16 2020
WATER RESOURCES
WESTERN REGION

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

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:

*Advocates for the West
Attn: Laurence ("Laind") Lucas
Attn: Bryan Hurlbutt
PO Box 1612
Boise ID 83701*



9590 9402 1621 6053 7955 68

2. Article Number (Transfer from service label)

7016 1370 0000 2332 7989

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X M210

☒ Agent
☐ Addressee

B. Received By (Printed Name)

C. Date of Delivery

Modeline Dwyer

4/14/20

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

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

Certified Mail Fee

Extra Services & Fees (check box, add 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

Advocates for the West/Laurence Lucas & Bryan Hurlbutt

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

Boise ID 83701

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

See Reverse for Instructions

*Hearing & Public
Testimony
Notice & Scheduling
Order*

*Postmark
Here*

Print: 62-3464

Sent: 4/10/2020

7016 1370 0000 2332 7989