

[illegible]

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

• 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

WATER RESOURCES  
WESTERN REGION

APR 15 2020

RECEIVED

[illegible]

**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:

Givers Purkey LP  
Attn: Michael P Lawrence  
601 W Bonard St  
PO Box 2720  
Boise ID 83701

9590 9402 1621 6053 7955 37



2. Article Number (Transfer from service label)

7016 1370 0000 2332 8009

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)

Donna Cooper

C. Date of Delivery

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](http://www.usps.com)®

**OFFICIAL USE**

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 \$ \_\_\_\_\_

*Hearing & Public testimony  
Notice scheduling  
Order*

Postmark

Here

*Print: 03-34614*

*Sent: 4/10/2020*

Sent To

Givers Purkey LP / Michael Lawrence

Street and Apt. No., or PO Box No.  
601 W Bonard St / PO Box 2720

City, State, ZIP+4®

Boise ID 83701

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

See Reverse for Instructions

7016 1370 0000 2332 8009