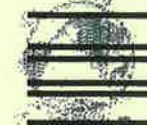


USPS TRACKING #



9590 9402 1621 6053 7955 75



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

United States
Postal Service

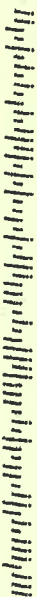
RECEIVED

APR 13 2020

WATER RESOURCES
WESTERN REGION

• 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



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:

S. Bryce Farris
Sawtooth Law Offices PLLC
1101 W River St Ste 110
PO Box 7985
Boise ID 83707

9590 9402 1621 6053 7955 75



2. Article Number (Transfer from service label)

7016 1370 0000 2332 7927

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Agent ☐ Addressee

B. Received by (Printed Name)

Claborne

C. Date

4/1

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

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

Domestic Return Rec

**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 \$ _____

Order Consolidating
Matters for Hearing
Notice of Hearing, and
Scheduling Order.
Footmark

PAINT: 63 H921832 to

63-34838

63-34840 to

63-34846

Sent: 04/06/2020

Sent To

S. Bryce Farris / Sawtooth Law Offices PLLC

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

1101 W River St Ste 110 / PO Box 7985

City, State, ZIP+4

Boise, ID 83707

See Reverse for Instructions

7016 1370 0000 2332 7927

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