

USPS TRACKING #



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

9590 9402 1621 6053 7954 38

United States  
Postal Service

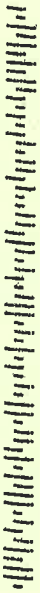
RECEIVED

JUN 24 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:

Gaule Renine  
25 S Regina Rd  
Boise ID 83716



9590 9402 1621 6053 7954 38

2. Article Number (Transfer from service label)

7016 1370 0000 2332 8061

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)

Gaule Renine

C. Date of Delivery

06/22/20

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 (at \$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, add fee as appropriate)

- |  |          |
|--|----------|
| <input type="checkbox"/> Return Receipt (hardcopy)           | \$ _____ |
| <input type="checkbox"/> Return Receipt (electronic)         | \$ _____ |
| <input type="checkbox"/> Certified Mail Restricted Delivery  | \$ _____ |
| <input type="checkbox"/> Adult Signature Required            | \$ _____ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ _____ |

**Postage**

Total Postage and Fees \$ \_\_\_\_\_

Order Consolidating  
Matters for Hearing,  
etc.

Postmark

FRANKFORD: 6/22/20  
RE 53875  
Sent: 6/15/2020

Sent To Gaule Renine

Street and Apt. No. or P.O. Box No.

City, State, ZIP+4®

Boise ID 83716

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

See Reverse for Instructions

7016 1370 0000 2332 8061