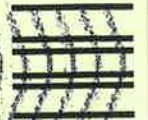


USPS TRACKING #



9590 9402 1621 6053 7954 21



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

United States  
Postal Service

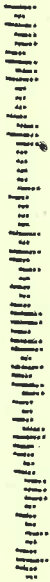
• Sender: Please print your name, address, and ZIP+4® in this box •

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

RECEIVED

JUN 26 2020

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:

*Gary G King  
30103 Highway 78  
Oreana, ID 83450*



9590 9402 1621 6053 7954 21

2. Article Number (Transfer from service label)

7016 1370 0000 2332 8078

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*XGL COLIS*

☐ Agent

B. Received by (Printed Name)

*OK COLIS*

C. Date of Delivery

*6-24-20*

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 (over \$500)               | <input type="checkbox"/> Restricted Delivery                        |

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 Rejecting  
TR 837B5*

*Postmark  
Here  
Sent: 06/23/2020*

7016 1370 0000 2332 8078

Sent To *Gary G King*  
Street and Apt. No. or PO Box No. *30103 Highway 78*  
City, State, ZIP+4® *Oreana, ID 83450*

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

See Reverse for Instructions