

USPS TRACKING #



9590 9402 1621 6053 7954 52

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

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

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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:

Lacey Wilde
165 E Fawn Dr
Boise ID 83716

9590 9402 1621 6053 7954 52



2. Article Number (Transfer from service label)

7016 1370 0000 2332 8047

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☒ Agent
☐ Addressee

B. Received by (Printed Name)

L. Wilde

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

- | | |
|--|---|
| ☐ Adult Signature | ☐ Priority Mail Express® |
| ☐ Adult Signature Restricted Delivery | ☐ Registered Mail™ |
| ☐ Certified Mail® | ☐ Registered Mail Restricted Delivery |
| ☐ Certified Mail Restricted Delivery | ☐ Return Receipt for Merchandise |
| ☐ Collect on Delivery | ☐ Signature Confirmation™ |
| ☐ Collect on Delivery Restricted Delivery | ☐ Signature Confirmation Restricted Delivery |
| ☐ 1st Mail Restricted Delivery (\$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, 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

\$ _____

Sent To

Lacey Wilde

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

165 E Fawn Dr

City, State, ZIP+4®

Boise ID 83716

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

See Reverse for Instructions

Order Consolidating
Matters for Hearing,
etc.

Postmark

Here
Postmark: 63-3225

TR: 83875

Sent 6/19/2020

7016 1370 0000 2332 8047