

USPS TRACKING #

9590 9402 1621 6053 7954 76



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

9590 9402 1621 6053 7954 76

United States
Postal Service

RECEIVED

JUL 07 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:

*Gregory B Johnson
2037 E Terza
Meridian ID 83642*

9590 9402 1621 6053 7954 76



2. Article Number (Transfer from service label)

7016 1370 0000 2332 8023

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature <i>[Signature]</i>		☒ Agent
B. Received by (Printed Name)		☐ Addressee
C. Date of Delivery <i>7/6</i>		
D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: <i>Pano</i>		

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 |
| ☐ Insured Mail | |
| ☐ Insured Mail Restricted Delivery | |
| ☐ 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®.

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 \$

Sent to *Gregory Johnson*

Street and Apt. No. or P.O. Box No. *2037 E Terza*

City, State, ZIP+4® *Meridian, ID 83642*

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

See Reverse for Instructions

Order consolidating matters for Hearing etc

Postmark

Postmark: 03-37225

TR: 83875

Sent 6/19/2020

7016 1370 0000 2332 8023