

USPS TRACKING #



9590 9402 1621 6053 7951 62

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

United States
Postal Service

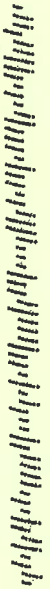
RECEIVED

SEP 23 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:

USBI Bureau of Reclamation
C/O E Gail McCarney
1150 N Curtis Rd Ste 100
Boise ID 83706

9590 9402 1621 6053 7951 62

2. Article Number (Transfer from service label)

7016 1370 0000 2332 8177

PS Form 3811, July 2015 PSN 7530-02-000-9065

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

**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) | |

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)

- | | |
|--|----------|
| <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 | \$ _____ |

Notice of Hearing & Scheduling Order
Postmark
US-23867
9/18/2020

Postage

Total Postage and Fees \$ _____

7016 1370 0000 2332 8177

Sent To
USBI Bureau of Reclamation Gen'l McCarney
Street and Apt. No., or PO Box No.
1150 N Curtis Rd Ste 100
City, State, ZIP+4®
Boise ID 83706

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

See Reverse for Instructions