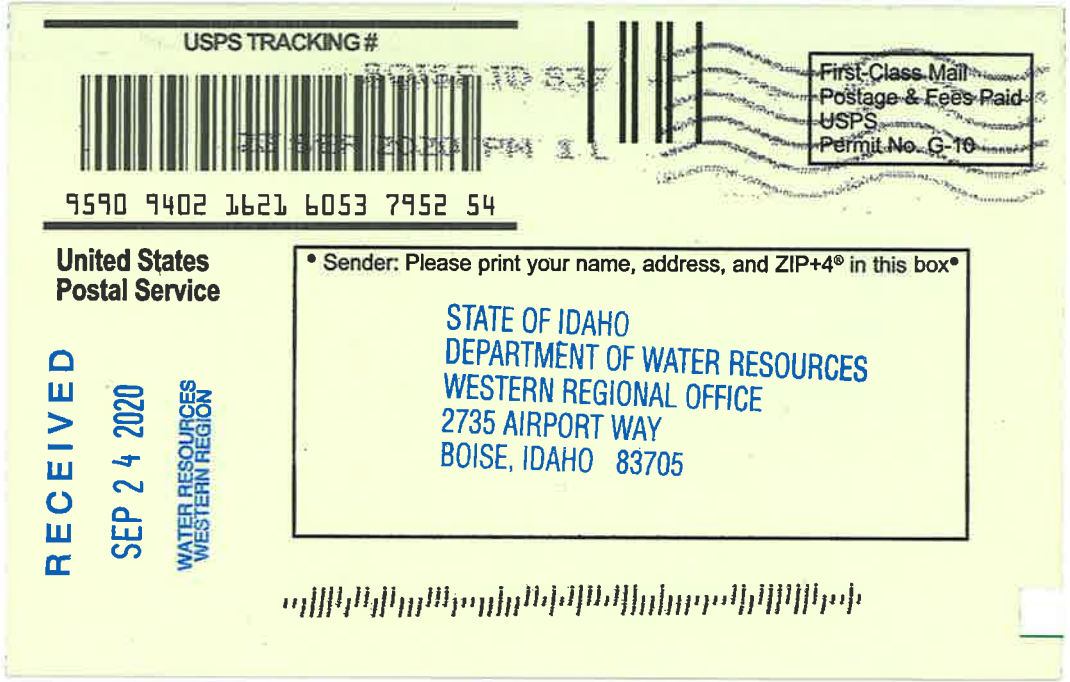
USPS TRACKING #
9590 9402 1621 6053 7952 54
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10
United States
Postal Service
• Sender: Please print your name, address, and ZIP+4® in this box•
STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WESTERN REGIONAL OFFICE
2735 AIRPORT WAY
BOISE, IDAHO 83705
RECEIVED
SEP 24 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:

Albert B Barker
Barker Rosholt & Simpson LLP
1010 W Jefferson Ste. 102
PO Box 2139
Boise ID 83701

9590 9402 1621 6053 7952 54

2. Article Number *(Transfer from service label)*

7016 1370 0000 2332 8085

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by *(Printed Name)* Allen Evanier

C. Date of Delivery 9/22/20

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

BORAH STEPHAN BOISE ID 83707
SEP 22 2020
USPS

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ sured Mail
- sured Mail Restricted Delivery ver $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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

7016 1370 0000 2332 8085

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
$

Scheduling Order, Notice of Status Conference, Notice of Hearing

Postmark Here

63-34891
9/18/2020

Sent To Albert Barker; Barker Rosholt & Simpson LLP
Street and Apt. No., or PO Box No. 1010 W. Jefferson St. Ste 102, PO Box 2139
City, State, ZIP+4® Boise ID 83701

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions