

USPS TRACKING#



9590 9402 1621 6053 7952 30

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

United States
Postal Service

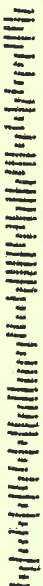
• Sender: Please print your name, address, and ZIP+4[®] in this box •

RECEIVED

OCT 05 2020

WATER RESOURCES
WESTERN REGION

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:

Scott Campbell
Campbell Law LTD
PO Box 190 538
Box ID 83717

9590 9402 1621 6053 7952 30



2 Article Number (Transfer from service label)

7016 1370 0000 2332 8092

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
x Scott Campbell
B. Received by (Printed Name) Scott Campbell
C. Date of Delivery

D. Is delivery address different from item 1A? ☐ 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 |
| ☐ Registered Mail 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®

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 _____

Street and Apt. No., or PO Box No. Scott Campbell, Campbell Law LTD
PO Box 190538
City, State, ZIP+4®
Box ID 83717

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

See Reverse for Instructions

Scheduling Order,
Notice of Status
Conference, Notice
of Hearings
63-348710
9/16/2020

7016 1370 0000 2332 8092