## A. Signature A. Signature Complete items 1, 2, and 3. Complete items 1, 2, and 3. Agent Print your name and address on the reverse Print your name and address on the reverse. ☐ Agent ☐ Addressee so that we can return the card to you. so that we can return the card to you. ☐ Addressee B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, B. Received by (Printed Name) Attach this card to the back of the mailpiece. C. Date of Delivery or on the front if space permits. or on the front if space permits. D. Is delivery address different from item 1? ☐ Yes 1. Article Addressed to: 1. Article Addressed to: D. Is delivery address different from item 12. Yes If YES, enter delivery address pelow. If YES, enter delivery address below: JEFFREY AND CHANA DUFFIN ROBERT L. HARRIS HOLDEN, KIDWELL, HAHN, & CRAPO PO BOX 525 AUG 2 0 2020 ABERDEEN, ID 83210 PO BOX 50130 IDAHO FALLS, ID 83405 3. Service Type ☐ Priority Mall Express® Service Type Priority Mall Express® ☐ Adult Signature ☐ Registered Mall™ ☐ Adult Signature ☐ Registered Mail™ Adult Signature Restricted Delivery Certified Mail® ☐ Registered Mall Restricted ☐ Adult Signature Restricted Delivery ☐ Registered Mail Restricted Delivery Certified Mall® Certified Mall Restricted Delivery 9590 9402 5695 9346 6476 39 9590 9402 5695 9346 6476 46 ☐ Certified Mail Restricted Delivery ☐ Return Receipt for ☐ Return Receipt for Merchandise Collect on Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery Merchandise ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation™ 2. Article Number (Transfer from service label) 2. Article Number (Transfer from service label) □ Signature Confirmation™ ☐ Signature Confirmation ☐ Insured Mall ☐ Insured Mall ☐ Signature Confirmation Restricted Delivery 7014 2120 0000 4377 1850 Insured Mail Restricted Delivery (over \$500) 7014 2120 0000 4377 1867 ☐ Insured Mail Restricted Delivery Restricted Delivery (over \$500) PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY A. Signature Agent A. Signature ■ Complete items 1, 2, and 3, Complete items 1, 2, and 3. Agent Print your name and address on the reverse Addressee Print your name and address on the reverse ☐ Addressee so that we can return the card to you. C. Date of Delivery so that we can return the card to you. B, Received by (Printed Name) S/17/20 Attach this card to the back of the mailplece, Attach this card to the back of the mailplece, 8 17/2020 or on the front if space permits. or on the front if space permits. ☐ Yes D. Is delivery address different from Item 1? 1. Article Addressed to: 1. Article Addressed to: If YES, enter delivery address below: D. Is delivery address different from Item 1? ☐ No If YES, enter delivery address below: TRAVIS THOMPSON KENT FLETCHER BARKER ROSHOLT & SIMPSON 0202 L 1 90M.05 2 FLETCHER LAW OFFICE PO BOX 63 **PO BOX 248** TWIN FALLS, ID 83303-0063 Water Resources **BURLEY, ID 83318** ern Region ☐ Priority Mail Express® Service Type ☐ Registered Mail™ 3. Service Type ☐ Priority Mall Express® ☐ Adult Signature ☐ Registered Mail Restricted ☐ Adult Signature ☐ Registered Mail™ ☐ Adult Signature Restricted Delivery ☐ Adult Signature Restricted Delivery Delivery ☐ Registered Mall Restricted Certified Mall® ☐ Return Receipt for ☐ Certified Mall® Delivery 9590 9402 5695 9346 6476 22 ☐ Certified Mall Restricted Delivery 9590 9402 5695 9346 6476 15 Merchandise ☐ Certifled Mail Restricted Delivery ☐ Return Receipt for ☐ Collect on Delivery ☐ Signature Confirmation™ Merchandise ☐ Collect on Delivery Restricted Delivery Collect on Delivery ☐ Signature Confirmation □ Signature Confirmation™ 2. Article Number (Transfer from service label) ☐ Collect on Delivery Restricted Delivery 2. Article Number (Transfer from service label) ☐ Insured Mail Restricted Delivery ☐ Signature Confirmation 7014 2120 0000 4377 1843 ☐ Insured Mall ☐ Insured Mail Restricted Delivery 7014 2120 0000 4377 1836 Restricted Delivery ☐ Insured Mall Restricted Delivery (over \$500) (over \$500) Domestic Return Receipt PS Form 3811, July 2015 PSN 7530-02-000-9053 PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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