Will the transfer of the state	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	A. Signature  A. Signature  Addresse  B. Received by (Printed Name)  C. Date of Delivery  Addresse  C. Date of Delivery  D. Is delivery address different from item 1?  Yes  If YES, enter delivery address below:
TONI L ANDERSON  JAMES J ANDERSON  PO BOX 414  HOPE ID 83836-0414	
9590 9402 2139 6132 6804 34	3. Service Type  □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Certified Mail Restricted Delivery □ Collect on Delivery □ Collect on Delivery □ Certified Mail Restricted Delivery □ Collect on Delivery □ Priority Mail Express® □ Registered Mail Restricted Delivery □ Registered Mail Restricted Delivery □ Return Receipt for Merchandise
7016 0750 0000 2176 22	elivery Restricted Delivery    Signature Confirmation
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

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0SPS TRAC 144 SE 1590 9402 2139	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●	
RECEIVE	DEPT OF WATER RESOURCES WATER RIGHTS SECTION PO BOX 83720	
SEP 16 202  DEPARTMENT OF WATER RESOURCE		
13720-0098	վորիվորդիրիայիկովիրդիրդիինիիներիր	

USPS TRACKING#