

USPS Tracking®

[FAQs >](#)
[Track Another Package +](#)

No signature card received as of 9-8-2020. *AM*

Tracking Number: 70200090000154030065

[Remove X](#)

Your item was delivered to an individual at the address at 12:25 pm on August 17, 2020 in BUHL, ID 83316.

✓ Delivered

August 17, 2020 at 12:25 pm
Delivered, Left with Individual
BUHL, ID 83316

Text & Email Updates

Tracking History

August 17, 2020, 12:25 pm

Delivered, Left with Individual
BUHL, ID 83316

Your item was delivered to an individual at the address at 12:25 pm on August 17, 2020 in BUHL, ID 83316.

August 16, 2020, 8:37 pm

Departed USPS Regional Facility
BOISE ID DISTRIBUTION CENTER
In Transit to Next Facility

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 \$ 3.55 Extra Services & Fees (check box, add fee as appropriate) <input checked="" type="checkbox"/> Return Receipt (hardcopy) \$ 2.85 <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 \$	47-17664 Sent 8/14/20 Postmark Here
Postage \$.65 Total Postage and Fees \$ 7.05	
Sent To ROBERT K LINDERMAN Street and Apt. No., or PO Box No. JANA L LINDERMAN 4377 N 1400 E City, State, ZIP+4® BUHL ID 83316-5234	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

August 15, 2020, 12:32 am

Arrived at USPS Regional Facility

BOISE ID DISTRIBUTION CENTER

Product Information



See Less

Can't find what you're looking for?


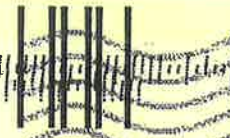
Go to our FAQs section to find answers to your tracking questions.

FAQs

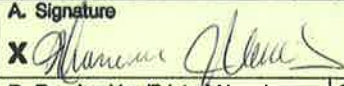

Feedback

7020 0090 0001 5403 0072

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 \$ 3.55	47-17664
Extra Services & Fees (check box, add fee as appropriate)	Sent 8/14/20
<input checked="" type="checkbox"/> Return Receipt (hardcopy) \$ 2.85	Postmark Here
<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 \$	
Postage \$.65	
Total Postage and Fees \$ 7.05	
Sent To	
Street and Apt. No., or PO Box No. PATRICK D BROWN PC PO BOX 125	
City, State, ZIP+4® TWIN FALLS ID 83303-0125	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

USPS TRACKING #	
	
9590 9402 5904 0049 4947 54	First-Class Mail Postage & Fees Paid USPS Permit No. 6-10
United States Postal Service RECEIVED AUG 24 2020 DEPT OF WATER RESOURCES SOUTHERN REGION	• Sender: Please print your name, address, and ZIP+4® in this box• STATE OF IDAHO DEPARTMENT OF WATER RESOURCES 650 ADDISON AVE W, STE 500 TWIN FALLS, ID 83301 RETURN SERVICE REQUESTED

47-17664

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee 
1. Article Addressed to: PATRICK D BROWN PC PO BOX 125 TWIN FALLS ID 83303-0125	B. Received by (Printed Name) C. Date of Delivery Madhona Makus 8/24/20
2. Article Number (Transfer from service label) 7020 0090 0001 5403 0072	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:
 9590 9402 5904 0049 4947 54	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery

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

\$ 3.55

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.85
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage

\$.65

Total Postage and Fees

\$ 7.05

47-17664

Sent 8/14/20

Postmark
Here

Sent To

JAMES MICHAEL HAMILTON
SALLY K HAMILTON
526 SAWTOOTH AVE
BUHL ID 83316-5708

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

See Reverse for Instructions

USPS TRACKING #



9590 9402 5904 0049 4947 61

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

United States
Postal Service

RECEIVED

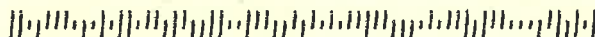
AUG 19 2020

DEPT OF WATER RESOURCES
SOUTHERN REGION

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

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
650 ADDISON AVE W, STE 500
TWIN FALLS, ID 83301

RETURN SERVICE REQUESTED



47-17664

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:

JAMES MICHAEL HAMILTON
SALLY K HAMILTON
526 SAWTOOTH AVE
BUHL ID 83316-5708



9590 9402 5904 0049 4947 61

2. Article Number (Transfer from service label)

7020 0090 0001 5403 0041

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

8-17-20

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

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☒ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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
 \$ **3.55**

47-17664

Sent 8/14/20

Extra Services & Fees (check box, add fee as appropriate)

- ☒ Return Receipt (hardcopy) \$ **2.85**
☐ Return Receipt (electronic) \$ _____
☐ Certified Mail Restricted Delivery \$ _____
☐ Adult Signature Required \$ _____
☐ Adult Signature Restricted Delivery \$ _____

Postmark
 Here

Postage
 \$ **.65**

Total Postage and Fees

\$ **7.05**

Sent To

JUSTIN MAY

Street and Apt. No., or PO Box No.

ANGSTMAN JOHNSON

199 S CAPITOL BLVD STE 200

City, State, ZIP+4®

BOISE, ID 83702

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

See Reverse for Instructions

USPS TRACKING #



9590 9402 5904 0049 4947 78

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

**United States
 Postal Service**

RECEIVED
AUG 19 2020
 DEPT OF WATER RESOURCES
 SOUTHERN REGION

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

STATE OF IDAHO
 DEPARTMENT OF WATER RESOURCES
 650 ADDISON AVE W, STE 500
 TWIN FALLS, ID 83301

RETURN SERVICE REQUESTED

47-17664

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:

JUSTIN MAY
 ANGSTMAN JOHNSON
 199 S CAPITOL BLVD STE 200
 BOISE, ID 83702



9590 9402 5904 0049 4947 78

2. Article Number (Transfer from service label)

7020 0090 0001 5403 0058

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X M REINHART

☐ Agent

☐ Addressee

B. Received by (Printed Name)

RE223 C-19

C. Date of Delivery

8/18/20

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes

☐ No

3. Service Type

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☒ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Insured Mail

☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☒ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery