

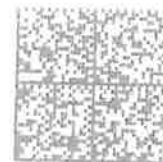
STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
Last Front Street, P.O. Box 83720
Boise, Idaho 83720-0098

CERTIFIED MAIL®



7016 1370 0000 2018 8064

FIRST CLASS



U.S. POST



ZIP 8370
02 4W
000035

RECEIVED

OCT 17 2019

DEPARTMENT OF
WATER RESOURCES

ALVIN V SHOEMAKER
DBA SHOEMAKER PROPERTIES
C/O BOB MARCROFT
PO BOX 1092
HAILEY, ID 83333

NIXIE

841 DE 1

8818

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

83720>0098

BC: 837200098

*0636-03821



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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:

Alvin Shoemaker
DBA Shoemaker Properties
c/o Bob Marcroft
PO. Box 1092
Hawley ID 83333

2. Article Number

(Transfer from service)

7016 1370 0000 2018 8064

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☐ Certified Mail®☐ Priority Mail Express™☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

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.

City, State, ZIP+4®

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

See Reverse for Instructions

Postmark
Here

7016 1370 0000 2018 8064