

U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT
E-Post Office 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

Postmark
Here

7016 0750 0000 5028 5516

Send To: Keith & Monika Wood Living Trust
Street and Apt. No. or PO Box No. P.O. Box 670
City, State, ZIP+4[®] Cascade ID - 83611

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

See Reverse for Instructions

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:

KEITH & MONIKA WOOD LIVING TRUST
PO BOX 670
CASCADE, ID 83611

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ 

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

JOHN WOOD 1/13/2020

D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

RECEIVED

JAN 22 2020

DEPARTMENT OF
WATER RESOURCES

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number
(Transfer from service label)

7016 0750 0000 5028 5516

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540