

7016 0750 0000 5029 0138

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 | \$ | |

Postmark
Here

Post

\$

Total

\$

Sent

State

City

CALDWELL MUNICIPAL IRRIG DIST
PO BOX 1179
CALDWELL ID 83606-1179

1-9-2008

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

See Reverse for Instructions