

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ 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: MARC BRINKMEYER PO BOX 220 LA CLEDE, ID 83841  9590 9402 2233 6193 9853 82 2. Article Number (Transfer from service label) 7015 0920 0001 8993 3102		A. Signature X <i>W Benda</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>W Benda</i> C. Date of Delivery <i>4-11-19</i> 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	

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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■ 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: MARSE SHOBE CHARLES W SHOBE 13876 W PINE ST SANDPOINT, ID 83864  9590 9401 0016 5071 7656 36 2. Article Number (Transfer from service label) 7015 0920 0001 8993 3133		A. Signature X <i>Charles Shobe</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Charles Shobe</i> C. Date of Delivery <i>4/19/2019</i> 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	

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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■ 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: MARK KUBIAK PO BOX 142 DOVER, ID 83825  9590 9402 2233 6193 9854 05 2. Article Number (Transfer from service label) 7015 0920 0001 8993 3072		A. Signature X <i>Mark Kubiak</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Mark Kubiak</i> C. Date of Delivery <i>April 2 2019</i> 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	

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

UNITED STATES POSTAL SERVICE

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

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

DEPT OF WATER RESOURCES
7600 N MINERAL DR - STE 100
COEUR D ALENE ID 83815-7763

USPS TRACKING#



9590 9401 0016 5071 7656 36

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

USPS TRACKING#



9590 9402 2233 6193 9853 82

United States
Postal Service

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

DEPT OF WATER RESOURCES
7600 N MINERAL DR - STE 100
COEUR D ALENE ID 83815-7763

RECEIVED
APR 15 2019

IDWR / NORTH

5-776325

USPS TRACKING#



9590 9402 2233 6193 9854 05

United States
Postal Service

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

DEPT OF WATER RESOURCES
7600 N MINERAL DR - STE 100
COEUR D ALENE ID 83815-7763
APR 15 2019
IDWR / NORTH

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

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1. Article Addressed to:

BRETT EVANS
PO BOX 111
DOVER, ID 83825



9590 9402 2233 6193 9853 75

2. Article Number (Transfer from service label)

7015 0920 0001 8993 3119

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Kristy M Evans ☐ Agent
☒ Addressee

B. Received by (Printed Name)

K. Evans

C. Date of Delivery

*APR 11 2019*D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

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

Domestic Return Receipt

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1. Article Addressed to:

ROBERT BECKER
13717 W PINE ST
SANDPOINT, ID 83864



9590 9402 2233 6193 9854 29

2. Article Number (Transfer from service label)

7015 0920 0001 8993 3058

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Robert Becker ☐ Agent
☒ Addressee

B. Received by (Printed Name)

Robert Becker

C. Date of Delivery

*4-11-19*D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

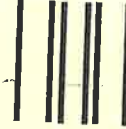
- | | |
|--|---|
| ☐ Adult Signature | ☐ Priority Mail Express® |
| ☐ Adult Signature Restricted Delivery | ☐ Registered Mail™ |
| ☒ Certified Mail® | ☐ Registered Mail Restricted Delivery |
| ☐ Certified Mail Restricted Delivery | ☒ Return Receipt for Merchandise |
| ☐ Collect on Delivery | ☐ Signature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

Domestic Return Receipt

USPS TRACKING #



9590 9402 2233 6193 9853 75



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

United States
Postal Service

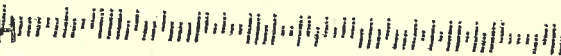
• Sender: Please print your name, address, and ZIP+4® in this box•

**DEPT OF WATER RESOURCES
7600 N MINERAL DR - STE 100
COEUR D ALENE ID 83615-7763**

RECEIVED

APR 15 2019

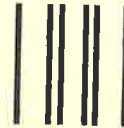
IDWR / NORTH



USPS TRACKING #



9590 9402 2233 6193 9854 29



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

United States
Postal Service

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**DEPT OF WATER RESOURCES
7600 N MINERAL DR - STE 100
COEUR D ALENE ID 83615-7763**

RECEIVED

APR 15 2019

IDWR / NORTH

