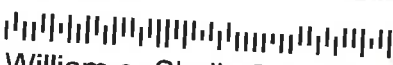


| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                                                                                                                            |  | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                                                                                                   |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>                                                                                                                                                                |  | <p>A. Signature<br/> <input checked="" type="checkbox"/> <i>Spradlin</i> <input type="checkbox"/> Agent<br/> <input type="checkbox"/> Addressee</p>                                                                                                                                                                                                                 |  |
| <p>1. <br/>           William or Shelly Spradlin<br/>           6995 W 2200 South<br/>           Weston ID 83286</p> <p><br/>           9590 9402 2219 6193 9985 42</p>                                                |  | <p>B. Received by (Printed Name) <i>4-4</i></p> <p>C. Date of Delivery <i>4-4</i></p>                                                                                                                                                                                                                                                                               |  |
| <p>2. Article Number (Transfer from service label)<br/>           7014 2120 0000 4376 9536</p>                                                                                                                                                                                                                                                                                           |  | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>           If YES, enter delivery address below: <input type="checkbox"/> No</p>                                                                                                                                                                                                  |  |
| <p>3. Service Type<br/> <input type="checkbox"/> Adult Signature<br/> <input type="checkbox"/> Adult Signature Restricted Delivery<br/> <input checked="" type="checkbox"/> Certified Mail®<br/> <input type="checkbox"/> Certified Mail Restricted Delivery<br/> <input type="checkbox"/> Collect on Delivery<br/> <input type="checkbox"/> Collect on Delivery Restricted Delivery</p> |  | <p><input type="checkbox"/> Priority Mail Express®<br/> <input type="checkbox"/> Registered Mail™<br/> <input type="checkbox"/> Registered Mail Restricted Delivery<br/> <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Signature Confirmation™<br/> <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> |  |
| <p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>                                                                                                                                                                                                                                                                                                                                      |  | <p>Domestic Return Receipt</p>                                                                                                                                                                                                                                                                                                                                      |  |

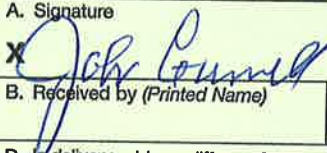
| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                                                                                                                            |  | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                                                                                                   |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>                                                                                                                                                                |  | <p>A. Signature<br/> <input checked="" type="checkbox"/> <i>Kendra Selfs</i> <input type="checkbox"/> Agent<br/> <input type="checkbox"/> Addressee</p>                                                                                                                                                                                                             |  |
| <p>1. <br/>           Holden Kidwell Hahn &amp; Crapo<br/>           Robert L. Harris<br/>           PO Box 50130<br/>           Idaho Falls ID 83405-0130</p> <p><br/>           9590 9402 2219 6193 9985 66</p>  |  | <p>B. Received by (Printed Name) <i>Kendra Selfs</i></p> <p>C. Date of Delivery <i>4-4-19</i></p>                                                                                                                                                                                                                                                                   |  |
| <p>2. Article Number (Transfer from service label)<br/>           7014 2120 0000 4376 9512</p>                                                                                                                                                                                                                                                                                           |  | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>           If YES, enter delivery address below: <input type="checkbox"/> No</p>                                                                                                                                                                                                  |  |
| <p>3. Service Type<br/> <input type="checkbox"/> Adult Signature<br/> <input type="checkbox"/> Adult Signature Restricted Delivery<br/> <input checked="" type="checkbox"/> Certified Mail®<br/> <input type="checkbox"/> Certified Mail Restricted Delivery<br/> <input type="checkbox"/> Collect on Delivery<br/> <input type="checkbox"/> Collect on Delivery Restricted Delivery</p> |  | <p><input type="checkbox"/> Priority Mail Express®<br/> <input type="checkbox"/> Registered Mail™<br/> <input type="checkbox"/> Registered Mail Restricted Delivery<br/> <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Signature Confirmation™<br/> <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> |  |
| <p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>                                                                                                                                                                                                                                                                                                                                      |  | <p>Domestic Return Receipt</p>                                                                                                                                                                                                                                                                                                                                      |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               |                     |  |     |                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                    |
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| <p><b>SENDER: COMPLETE THIS SECTION</b></p> <ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Number (Transfer from service label)</p> <div style="border: 1px solid black; padding: 10px; text-align: center; margin: 10px 0;"> <br/>             Jay Fannesbeck<br/>             6022 W Highway 36<br/>             Weston ID 83286         </div> <p style="text-align: center; font-weight: bold;">9590 9402 2219 6193 9985 59</p> | <p><b>COMPLETE THIS SECTION ON DELIVERY</b></p> <p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent<br/><input type="checkbox"/> Addressee</span></p> <p><b>X</b> </p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">B. Received by (Printed Name)</td> <td style="width: 50%; padding: 5px;">C. Date of Delivery</td> </tr> <tr> <td style="height: 40px;"></td> <td style="text-align: center; vertical-align: middle; font-size: 2em;">4/4</td> </tr> </table> <p>D. Is delivery address different from item 1? <span style="float: right;"><input type="checkbox"/> Yes<br/><input type="checkbox"/> No</span><br/>             If YES, enter delivery address below:</p> <div style="text-align: center; margin: 20px 0;">  </div> <p>3. Service Type</p> <table style="width: 100%;"> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Adult Signature<br/> <input type="checkbox"/> Adult Signature Restricted Delivery<br/> <input checked="" type="checkbox"/> Certified Mail®<br/> <input type="checkbox"/> Certified Mail Restricted Delivery<br/> <input type="checkbox"/> Collect on Delivery<br/> <input type="checkbox"/> Collect on Delivery Restricted Delivery<br/> <input type="checkbox"/> Insured Mail             </td> <td style="vertical-align: top;"> <input type="checkbox"/> Priority Mail Express®<br/> <input type="checkbox"/> Registered Mail™<br/> <input type="checkbox"/> Registered Mail Restricted Delivery<br/> <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Signature Confirmation™<br/> <input type="checkbox"/> Signature Confirmation Restricted Delivery             </td> </tr> </table> | B. Received by (Printed Name) | C. Date of Delivery |  | 4/4 | <input type="checkbox"/> Adult Signature<br><input type="checkbox"/> Adult Signature Restricted Delivery<br><input checked="" type="checkbox"/> Certified Mail®<br><input type="checkbox"/> Certified Mail Restricted Delivery<br><input type="checkbox"/> Collect on Delivery<br><input type="checkbox"/> Collect on Delivery Restricted Delivery<br><input type="checkbox"/> Insured Mail | <input type="checkbox"/> Priority Mail Express®<br><input type="checkbox"/> Registered Mail™<br><input type="checkbox"/> Registered Mail Restricted Delivery<br><input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Signature Confirmation™<br><input type="checkbox"/> Signature Confirmation Restricted Delivery |
| B. Received by (Printed Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | C. Date of Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               |                     |  |     |                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 4/4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               |                     |  |     |                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                    |
| <input type="checkbox"/> Adult Signature<br><input type="checkbox"/> Adult Signature Restricted Delivery<br><input checked="" type="checkbox"/> Certified Mail®<br><input type="checkbox"/> Certified Mail Restricted Delivery<br><input type="checkbox"/> Collect on Delivery<br><input type="checkbox"/> Collect on Delivery Restricted Delivery<br><input type="checkbox"/> Insured Mail                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Priority Mail Express®<br><input type="checkbox"/> Registered Mail™<br><input type="checkbox"/> Registered Mail Restricted Delivery<br><input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Signature Confirmation™<br><input type="checkbox"/> Signature Confirmation Restricted Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                               |                     |  |     |                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                    |

| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                                                         | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| <p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>                                                                                             | <p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent<br/><input type="checkbox"/> Addressee</span></p> <p><b>X</b> </p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <p>1. A</p> <div style="border: 1px solid black; padding: 10px; text-align: center;"> <br/>             Clinton Aston<br/>             PO Box 35<br/>             Weston ID 83286           </div> <div style="text-align: center; margin-top: 10px;"> <br/>             9590 9402 2219 6193 9985 73           </div> | <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p> <p style="text-align: center;"><i>Clinton Aston</i> <span style="float: right;"><i>4/5/19</i></span></p> <hr/> <p>D. Is delivery address different from item 1? <span style="float: right;"><input type="checkbox"/> Yes<br/><input type="checkbox"/> No</span></p> <p style="text-align: center;">If YES, enter delivery address below:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; text-align: center;">7014 2120 0000 4376 9505</p>                                                                                                                                                                                  | <div style="text-align: center; margin-bottom: 20px;"> </div> <p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 70%;"> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Signature Confirmation (over \$500)</p> </div> <div style="width: 25%;"> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p> </div> </div> |

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

Domestic Return Receipt

| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>                                                                                                                                                                                                                                                                                         | <p>A. Signature<br/> <div style="border: 1px solid black; padding: 5px; display: inline-block;">  </div> <input type="checkbox"/> Agent<br/> <input type="checkbox"/> Addressee         </p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span><br/> <div style="border: 1px solid black; padding: 5px; display: inline-block;">             John Cunniff           </div> <span style="float: right; border: 1px solid black; padding: 5px; display: inline-block;">             4-4           </span> </p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>             If YES, enter delivery address below: <input type="checkbox"/> No           </p> <div style="text-align: center; margin-top: 20px;"> <p style="color: blue; font-weight: bold; font-size: 1.2em;">RECEIVED</p> <p style="color: blue; font-weight: bold; font-size: 1.5em;">APR 08 2019</p> <p style="color: blue; font-weight: bold;">Department of Water Resources<br/>Eastern Region</p> </div> |
| <p>1. Article Number</p> <div style="border: 1px solid black; padding: 10px; text-align: center; margin: 10px 0;"> <br/>             J &amp; F King Farm Inc<br/>             8169 W Highway 36<br/>             Weston ID 83286           </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <br/>             9590 9402 2219 6193 9982 14           </div> | <p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Adult Signature<br/> <input type="checkbox"/> Adult Signature Restricted Delivery<br/> <input checked="" type="checkbox"/> Certified Mail®<br/> <input type="checkbox"/> Certified Mail Restricted Delivery<br/> <input type="checkbox"/> Collect on Delivery<br/> <input type="checkbox"/> Collect on Delivery Restricted Delivery           </div> <div style="width: 45%;"> <input type="checkbox"/> Priority Mail Express®<br/> <input type="checkbox"/> Registered Mail™<br/> <input type="checkbox"/> Registered Mail Restricted Delivery<br/> <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Signature Confirmation™<br/> <input type="checkbox"/> Signature Confirmation Restricted Delivery           </div> </div> <p style="text-align: center; font-size: 0.8em;">(over \$500)</p>                                                                                                                                                             |
| <p>2. Article Number (Transfer from service label)</p> <div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold; font-size: 1.2em;">             7014 2120 0000 4376 9543           </div>                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |