

SENDER: COMPLETE THIS SECTION

■ 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.



Aberdeen Springfield Canal Co
Randall C. Budge
Racine Olson Nye Budge & Bailey
PO Box 1391
Pocatello ID 83204-1391



9590 9402 2220 6193 0105 23

2. Article Number (Transfer from service label)

7015 3430 0000 7482 3160

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

Taylor Metton

C. Date of Delivery

06-14-17

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

RECEIVED

JUN 16 2017

Department of Water Resources
Eastern Region

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☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted
Delivery☐ Return Receipt for
Merchandise☐ Signature Confirmation™☐ Signature Confirmation
Restricted Delivery

Restricted Delivery

Domestic Return Receipt

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A. Signature

X

☐ Agent

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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.		A. Signature X <i>[Signature]</i> ☐ Agent ☐ Addressee	
1. Article Number (Transfer from service label) 7015 3430 0000 7482 3184		B. Received by (Printed Name) <i>JACKIE</i> C. Date of Delivery <i>6-14-17</i>	
2. Article Number (Transfer from service label) 7015 3430 0000 7482 3184		D. Is delivery address different from item 1? ☐ Yes ☒ No If YES, enter delivery address below:	
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 ☐ Restricted Delivery		RECEIVED JUN 19 2017 Department of Water Resources Eastern Region	

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

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.		A. Signature X <i>[Signature]</i> ☒ Agent ☐ Addressee	
1. Article Number (Transfer from service label) 7015 3430 0000 7482 3177		B. Received by (Printed Name) <i>Jessica Nielsen</i> C. Date of Delivery <i>6/14/17</i>	
2. Article Number (Transfer from service label) 7015 3430 0000 7482 3177		D. Is delivery address different from item 1? ☐ Yes ☒ No If YES, enter delivery address below:	
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		RECEIVED JUN 19 2017 Department of Water Resources Eastern Region	

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.		A. Signature X <i>[Signature]</i> ☐ Agent ☐ Addressee	
1. Article Number (Transfer from service label) 7015 3430 0000 7482 3207		B. Received by (Printed Name) <i>Taylor Mittum</i> C. Date of Delivery <i>06-14-17</i>	
2. Article Number (Transfer from service label) 7015 3430 0000 7482 3207		D. Is delivery address different from item 1? ☐ Yes ☒ No If YES, enter delivery address below:	
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		RECEIVED JUN 16 2017 Department of Water Resources Eastern Region	

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