

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 Write 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:

Fred Gubb
Suanna DeMon
11470 N Carissa CT
Hayden ID 83835-5136

2. Article Number

(Transfer from service label)

7012 3050 0001 2131 4147

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Leah Stenrich

☐ Agent
☐ Addressee

B. Received by (Printed Name)

Leah Stenrich

C. Date of Delivery

11-28-18

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

UNITED STATES POSTAL SERVICE

SPOKANE WA 990

28 NOV 2018 PM 1 L

First-Class Mail
Postage & Fees Paid
USPS
Permit No. 6-10

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

Idaho Dept of Water Resources
Attn: Darla Block
PO Box 83720
Boise ID 83720-0098

RECEIVED

NOV 30 2018

DEPARTMENT OF
WATER RESOURCES

95-9530

