

7012 3050 0001 2131 4147

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)®

OFFICIAL USE

|                                                   |    |
|---------------------------------------------------|----|
| Postage                                           | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              | \$ |

11-26-2018

Postmark  
Here

DAB

95-9530

Send To  
*Frederick & Suzanne Dedmon*  
 Street, Apt. No.,  
 or PO Box No. *11470 N. Carissa CT*  
 City, State, ZIP+4  
*Hayden ID 83835-5136*

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
322 East Front Street, P.O. Box 83720  
Boise, Idaho 83720-0098

Return Service Requested

**CERTIFIED MAIL™**



FIRST CLASS



U.S. POSTAGE >> PITNEY BOWES

ZIP 83702 \$ 006.67<sup>0</sup>  
02 4W  
0000359170 NOV 14 2018

7012 3050 0001 2131 4123

**RECEIVED**

**NOV 23 2018**

**DEPARTMENT OF  
WATER RESOURCES**

*Mail Present on 11-26-18 to: 2 FWD*

FRED GRUBB  
SUANNE DEDMON  
PO BOX 2848  
HAYDEN ID 83835

GRUB848 83835-RFS-1118  
RETURN TO SENDER  
GRUBB, FRED J  
11470 N CARISSA CT  
HAYDEN ID 83835-5136

11/17/18

\*  
R  
F  
S  
\*

RETURN TO SENDER



95-9530

838352848

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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

*Fred Grubb*  
*Suzanne Deacon*  
*PO Box 2848*  
*Hayden ID 83835*

2. Article Number

(Transfer from service label)

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PS Form 3811, July 2013

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

Domestic Return Receipt