

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
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For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	

CHARLES HONSINGER
HONSINGER LAW PLLC
PO BOX 517
BOISE ID 83701

Sent To _____
 Street, Apt. 1
 or PO Box N
 City, State, Z

PS Form 3800, August 2006 See Reverse for Instructions

6/28/18
Notice of Hearing
Order Sched Discs
& Disburse
Postmark
Here
Transfer
81805
Order

USPS TRACKING #



9590 9402 1765 6074 2822 24

United States
Postal Service

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

STATE OF IDAHO
 DEPARTMENT OF WATER RESOURCES
 WESTERN REGIONAL OFFICE
 2735 AIRPORT WAY
 BOISE, IDAHO 83705

RECEIVED
SEP 04 2018
WATER RESOURCES
WESTERN REGION

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

25

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Postage	\$
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Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Post	

*Notice of Hearing
Order Scheduled
& Discussed
Postmaster
Here
T. Gustafson
8/18/05*

7009 1410 0001 0944 3081

CHARLES HONSINGER
HONSINGER LAW PLLC
PO BOX 517
BOISE ID 83701

PS Form 3800, August 2006 See Reverse for Instructions

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. Article Addressed to:

CHARLES HONSINGER
HONSINGER LAW PLLC
PO BOX 517
BOISE ID 83701

9590 9402 1765 6074 2822 24

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) *Charles L. Honsinger* C. Date of Delivery

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

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

2. Article Number (Transfer from service label)

7009 1410 0001 0944 3081

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

Domestic Return Receipt