

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

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 & Fees \$	

Notice of Hearing sent 12/14/17
WATER RESOURCES
81482

EBEN T MASINGILL
 MASINGILL LAW PA
 PO BOX 467
 25 W COMMERCIAL ST
 WEISER ID 83672

for Instructions

9522 4460 7000 0747 6002

USPS TRACKING#



9590 9402 1765 6074 2794 91

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

**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
 DEC 18 2017

WATER RESOURCES
 WESTERN REGIONAL OFFICE



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Certified Fee	
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Restricted Delivery Fee (Endorsement Required)	

Notice of Hearing Sent by First Class
Hearings
81482

7009 1410 0001 0944 2756

EBEN T MASINGILL
MASINGILL LAW PA
PO BOX 467
25 W COMMERCIAL ST
WEISER ID 83672

for instructions

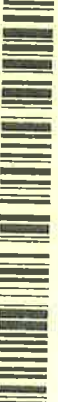
SENDER: COMPLETE THIS SECTION

- 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:

EBEN T MASINGILL
MASINGILL LAW PA
PO BOX 467
25 W COMMERCIAL ST
WEISER ID 83672

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) Katie Johnson C. Date of Delivery 12-14-17
- D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:



9590 9402 1765 6074 2794 91

2. Article Number (Transfer from service label)

7009 1410 0001 0944 2756

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

Domestic Return Receipt