

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

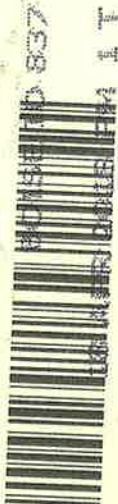
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here *Disbown*
Order Scheduling
Transfer: 81805
4113118

CHARLES L HONSINGER
HONSINGER LAW PLLC
PO BOX 517
BOISE ID 83701

Sent to _____
 Street, Apt. _____
 or PO Box _____
 City, State _____
 PS Form _____

USPS TRACKING #



9590 9402 1765 6074 2824 08

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

**United States
 Postal Service**

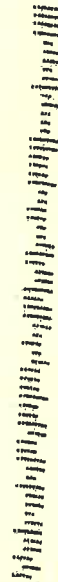
• Sender: Please print your name, address, and ZIP+4® in this box •

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

RECEIVED

APR 19 2018

WATER RESOURCES
 WESTERN REGION



RM

U.S. POSTAL SERVICETM
CERTIFIED MAIL[®] 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	\$	

*Police of Hearing
Order Scheduling
Discovery
Postmark
Here
Transfer 81805
4113118*

2916 0944 0001 1410 7009

Sent to
Street, Apt.
or PO Box
City, State

**CHARLES L HONSINGER
HONSINGER LAW PLLC
PO BOX 517
BOISE ID 83701**

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

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 L HONSINGER
HONSINGER LAW PLLC
PO BOX 517
BOISE ID 83701**



2. Article Number (Transfer from service label)

7009 1410 0001 0944 2916

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐

B. Received by (Printed Name) *Charles L. Honsinger* C. Date of Delivery *4/18/18*

D. Is delivery address different from item 1? ☐ 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 |
| ☐ Red Mail | |
| ☐ Red Mail Restricted Delivery | |



Domestic Return Receipt