

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:

Robert Trotter
Connie Trotter
2690 West Spring Creek RD
Hope ID 83836-7006

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Connie Trotter*☐ Agent☒ Addressee

B. Received by (Printed Name)

Connie Trotter

C. Date of Delivery

*5/15/18*D. Is delivery address different from item 1? ☐ YesIf 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

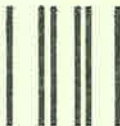
7012 1640 0001 3857 7088

UNITED STATES POSTAL SERVICE

WA 990

15 MAY '18

PM 3 L



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

MAY 17 2018

DEPARTMENT OF
WATER RESOURCES

96-9611

