

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:

THOMAS M EIGUREN
3327 261ST AVE SE
SAMMAMISH WA 98075

2. Article Number

(Transfer from cover label)

7012 1640 0001 3857 5053

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Barbara Eiguren

☐ Agent☐ Addressee

B. Received by (Printed Name)

Barbara Eiguren

C. Date of Delivery

D. Is delivery address different from Item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

RECEIVED

MAY 07 2018

DEPARTMENT OF
WATER RESOURCES☒ Certified Mail®☐ Priority Mail Express™☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

Domestic Return Receipt