

USPS TRACKING #



9590 9402 1765 6074 2794 77



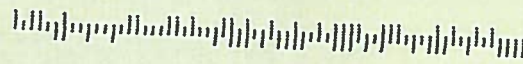
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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 28 2011
WATER RESOURCES
WESTERN REGION



RN

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

7009 1410 0001 0944 2763

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

Notice of
Hearing
sent 12/20/11
Postmark
Here
WRTSWFR:
81800

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

CHARLES L HONSINGER
PO BOX 517
BOISE ID 83701

PS Form 3800, August 2006

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
PO BOX 517
BOISE ID 83701



9590 9402 1765 6074 2794 77

2. Article Number (Transfer from service label)

7009 1410 0001 0944 2763

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Charles L. Honsinger*☐ Agent☒ Addressee

B. Received by (Printed Name)

Charles L. Honsinger

C. Date of Delivery

*12/22/17*D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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

U.S. Postal Service®

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 Post

Sent To

Street, Apt.
or PO Box

City, State,

CHARLES L HONSINGER
PO BOX 517
BOISE ID 83701

Notice of
Hearing
sent 12/20/17
Postmark
Here

WRTSNFR;
81800

PS Form 3800, August 2006

USPS TRACKING#



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

9590 9402 1765 6074 2795 21

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 27 2017
WATER RESOURCES
WESTERN REGION

(22)

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

For delivery information visit our website at www.usps.com

OFFICIAL USE

7009 1410 0001 0944 2770

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

Notice of Hearing
Sent 12/20/17
Postmark
Here
WRTRSNFR:
81800

Sent
Street
or PO
City
PS F
NORMAN M SEMANKO
PARSONS BEHLE & LATIMER
800 W MAIN ST STE 1300
BOISE ID 83702

Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ 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.		A. Signature <i>Norman M. Semanko</i> ☐ Agent ☐ Addressee	
1. Article Addressed to: NORMAN M SEMANKO PARSONS BEHLE & LATIMER 800 W MAIN ST STE 1300 BOISE ID 83702		B. Received by (Printed Name) _____ C. Date of Delivery <i>12-26</i>	
2. Article Number (Transfer from service label) 7009 1410 0001 0944 2770		D. Is delivery address different from item 1? ☐ Yes ☐ No If 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 ☐ Insured Mail ☐ Signature Confirmation Restricted Delivery over \$500			
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
For delivery information visit our website at www.usps.com		
OFFICIAL USE		
Postage \$	<i>Notice of Hearing Sent 12/20/17</i> Postmark Here <i>WRKSNFR: 81800</i>	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees \$		
Sent _____ Street or PO _____ City, _____	NORMAN M SEMANKO PARSONS BEHLE & LATIMER 800 W MAIN ST STE 1300 BOISE ID 83702	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Instructions	