

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:

Emidal Water & Sewer Assn. Inc.
 P O Box 596
 St. Maries ID 83861

2. Article Number

(Transfer from service label)

7012 3050 0001 2130 9334

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Laura Brakebill

☒ Agent
☐ Addressee

B. Received by (Printed Name)

Laura Brakebill

C. Date of Delivery

9-7-17

- D. Is delivery address different from item 1? ☐ Yes
 If 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

SPokane
UNITED STATES POSTAL SERVICE
990

07 SEP '17

PM 4 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

92-10870

720-0098

