

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:

LARRY L TREIBER
GAIL G TREIBER
PO BOX 311
HOPE, ID 83836



9590 9401 0016 5071 7655 99

2. Article Number (Transfer from service label)

7015 0920 0001 8993 2877

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent☐ Addressee

B. Received by (Printed Name)

Larry Treiber

C. Date of Delivery

9-9-16

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

RECEIVED

SEP 12 2016

IDWR/NORTHERN

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

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

OFFICIAL USE

Postage	\$ 0.465
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	0.00
Total Postage & Fees	\$ 6.465

LARRY L TREIBER
GAIL G TREIBER
PO BOX 311
HOPE, ID 83836

Sent To
Street & Apt. No.,
or PO Box No.
City, State, ZIP+4

PS Form 3800, July 2014

See Reverse for Instructions

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:

EILEEN KLAT
PAT BISTLINE
652 LOOKOUT DR
HOPE, ID 83836



9590 9402 2233 6193 9850 16

2. Article Number (Transfer from service label)

7015 0920 0001 8993 2891

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Agent☐ Addressee

B. Received by (Printed Name)

Steve Bristol

C. Date of Delivery

9/12/16

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☒ No

RECEIVED

SEPT 14 2016

IDWR/NORTHERN

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

OFFICIAL USE

Postage	\$ 0.465
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	0.00
Total Postage & Fees	\$ 6.465

EILEEN KLAT
PAT BISTLINE
652 LOOKOUT DR
HOPE, ID 83836

Sent To
Street & Apt. No.,
or PO Box No.
City, State, ZIP+4

PS Form 3800, July 2014

See Reverse for Instructions

U.S. Postal Service™

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

OFFICIAL USE

Postage	\$ 0.465
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	0.00
Total Postage & Fees	\$ 6.465

Sent To

Street & Apt. No.,
or PO Box No.
City, State, ZIP+4

PAMELA GRAY
649 LAKEVIEW
EAST HOPE, ID 83836

PS Form 3800, July 2014

See Reverse for Instructions

U.S. Postal Service™

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

OFFICIAL USE

Postage	\$ 0.465
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	0.00
Total Postage & Fees	\$ 6.465

Sent To

Street & Apt. No.,
or PO Box No.
City, State, ZIP+4

LEY ANN MERICA
642 LAKEVIEW BLVD
EAST HOPE, ID 83836

PS Form 3800, July 2014

See Reverse for Instructions

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
7600 N. Mineral Drive, Suite 100
Coeur d'Alene, Idaho 83815

Return Service Requested

RECEIVED

SEP 27 2016

IDWR / NORTH

PAMELA GRAY
649 LAKEVIEW
EAST HOPE, ID 83836



NTXTE 992 DE 1700 0009/26/16

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

BC: 83815776325 *2889-12972-26-20

.. 9327090191012541

UNC

83815>7763

RETURNED RECEIPT REQUESTED

9/9/16 1st ✓
9/14/16 ✓

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
7600 N. Mineral Drive, Suite 100
Coeur d'Alene, Idaho 83815

Return Service Requested

RECEIVED

SEP 30 2016

IDWR / NORTH

LEY ANN MERICA
642 LAKEVIEW BLVD
EAST HOPE, ID 83836



NIXIE 992 DE 1700 0009/29/16

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

BC: 83815776325 *0829-11947-07-45

.. 9326010648168148

UNC

83815>7763

RETURNED RECEIPT REQUESTED

9/12^{1st} ✓
9/17^{2nd} ✓

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
7600 N. Mineral Drive, Suite 100
Coeur d'Alene, Idaho 83815

Return Service Requested

RECEIVED
SEP - 8 2016
IDWR/NORTHERN

Resent to
9/8/2016 - mle

LEY,
642 L

EAST HOPE, ID 83836



FORWARD 222 W. KENNETH RD.

GLENDALE CA 91228

9120081439 0006
83815>7763

SPOKANE
WA 990
25 AUG '16
PM 1 L



UNITED STATES POSTAGE
PITNEY BOWES
02 1P
\$ 000.46⁵
0001741557 AUG 25 2016
MAILED FROM ZIP CODE 83814

NIXIE 992 SE 1700 0009/07/16

RETURN TO SENDER
NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BC: 83815776325 *1729-12959-25-30

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
7600 N. Mineral Drive, Suite 100
Coeur d'Alene, Idaho 83815

Return Service Requested

RECEIVED
JAN 19 2017
IDWR/NORTHERN

LARRY L TREIBER
GAIL L TREIBER
PO BOX 311
HOPE, ID 83836



T 992 N7E 1700916C0001/18/17
RETURN TO SENDER
TREIBER
TEMPORARILY AWAY

RETURN TO SENDER
BC: 83815776325 *1929-03477-11-36

FWD
83815>7763

SPOKANE
WA 990
11 JAN '17
PM 3 L



UNITED STATES POSTAGE
PITNEY BOWES
02 1P
\$ 000.46⁵
0001741557 JAN 11 2017
MAILED FROM ZIP CODE 83814