

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
- 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.		A. Signature X <i>Wes L With</i> ☐ Agent ☐ Address	
1. Article Addressed to: SHELLEY DAVIS BARKER ROSHOLT & SIMPSON 1010 W JEFFERSON STE 102 PO BOX 2139 BOISE ID 83701-2139		B. Received by (Printed Name) <i>Jessica L With</i>	
2. Article Number (Transfer from service label)		C. Date of Delivery <i>2/23/17</i>	
3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.		D. Is delivery address different from item 1? ☐ Yes ☒ No If YES, enter delivery address below:	
4. Restricted Delivery? (Extra Fee) ☐ Yes			
7009 1410 0001 0944 2312			

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

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>W&TRN: 81039</i> <i>WRAP: 78-12939</i> <i>78-12417</i> Postmark Here <i>Hearings order sent 2/21/17</i>
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Post		

Sent To

Street, Apt or PO Box

City, State

SHELLEY DAVIS
BARKER ROSHOLT & SIMPSON
1010 W JEFFERSON STE 102
PO BOX 2139
BOISE ID 83701-2139

PS Form 3811, February 2004

UNITED STATES POSTAL SERVICE

23 FEB 2017 PM 3 17

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

• 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
FEB 24 2017
WATER RESOURCES
WESTERN REGION

RM

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 Fee

WETRN: 81039
WRAPP: 78-12439
28-12447

Postmark
Here

Hearing order
sent 2/21/17

Sent To

Street, Apt
or PO Box
City, State

SHELLEY DAVIS
BARKER RSHOLT & SIMPSON
1010 W JEFFERSON STE 102
PO BOX 2139
BOISE ID 83701-2139

PS Form 3800, June 2010