

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>Eulla Wallace</i> ☐ Agent ☐ Addressee	
1. Article Addressed to: MIKE WALLACE EULLA WALLACE 3288 WALLACE LANE NEW MEADOWS ID 83654		B. Received by (Printed Name) <i>Eulla Wallace</i> C. Date of Delivery <i>2/27/2017</i> D. Is delivery address different from item 1? ☐ Yes ☐ No If YES, enter delivery address below: <i>3288 Wallace Lane</i>	
2. Article Number (Transfer from service label)		3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes	
7009 1410 0001 0944 2329			

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

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>WE TRIN 81039</i> <i>WE TRP 78-12439</i> <i>78-12447</i> Postmark Here <i>Hearing Order sent 2/21/17</i>
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total F	MIKE WALLACE EULLA WALLACE 3288 WALLACE LANE NEW MEADOWS ID 83654
Sent To	
Street, A or PO Box	
City, State	
PS Form 3800, August 2006 See Reverse for Instructions	

7009 1410 0001 0944 2329

UNITED STATES POSTAL SERVICE

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
MAR 02 2017
WATER RESOURCES
WESTERN REGION

RW

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 F

Sent To
Street, A
or PO Box
City, State

MIKE WALLACE
EULLA WALLACE
3288 WALLACE LANE
NEW MEADOWS ID 83654

WEIRAN: 81039
WEIRP: 78-12430
78-12447
Postmark
Here
Hearing Order
sent 2/21/17

PS Form 3800, August 2006

See Reverse for Instructions