

| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                                                                  |  | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>                                                                                                      |  | <p>A. Signature<br/> <input checked="" type="checkbox"/> <i>Russell Babcock</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| <p>1. Article Number</p> <p></p> <p>Russell Babcock<br/>           3428 W 3120 N<br/>           Arco ID 83213</p> <p></p> <p>9590 9402 2220 6193 0100 28</p> |  | <p>B. Received by (Printed Name)<br/> <i>Russell H Babcock</i></p> <p>C. Date of Delivery<br/> <i>Jan 26, 2017</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| <p>2. Article Number (Transfer from service label)<br/>           115 3430 0000 7482 2729</p>                                                                                                                                                                                                                                  |  | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>           If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center; font-size: 2em; color: blue;">RECEIVED</p> <p style="text-align: center; color: blue;">JAN 30 2017</p>                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| <p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>                                                                                                                                                                                                                                                                            |  | <p>3. Service Type <span style="float: right;">Eastern Region</span></p> <p> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®<br/> <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™<br/> <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery<br/> <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™<br/> <input type="checkbox"/> Signature Confirmation Restricted Delivery           </p> |  |

| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                                                                    |  | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
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| <p>1. Article Number</p> <p></p> <p>Boyd Burnett<br/>           3219 N 3400 W<br/>           Moore Id 83255</p> <p></p> <p>9590 9402 2220 6193 0100 35</p> |  | <p>B. Received by (Printed Name)<br/> <i>Boyd B. Burnett</i></p> <p>C. Date of Delivery<br/> <i>1-26-17</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| <p>2. Article Number (Transfer from service label)<br/>           7015 3430 0000 7482 2712</p>                                                                                                                                                                                                                                   |  | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>           If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center; font-size: 2em; color: blue;">RECEIVED</p> <p style="text-align: center; color: blue;">JAN 30 2017</p> <p style="text-align: center; color: blue;">Department of Water Resources</p>                                                                                                                                                                                                                                                                                     |  |
| <p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>                                                                                                                                                                                                                                                                              |  | <p>3. Service Type</p> <p> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®<br/> <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™<br/> <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery<br/> <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™<br/> <input type="checkbox"/> Signature Confirmation Restricted Delivery           </p> |  |