

7009 1410 0001 0944 2183

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 Postage & Fees	\$

Postmark
Here

WRHP
63-34079
63-34080

Notice of
Hearing
sent
10/20/16

Sent To
Street,
or PO Box
City, Sta

CHRIS EMMERT
7180 BOWMONT RD
NAMPA ID 83686

PS Form

actions

UNITED STATES POSTAL SERVICE

PLEASE AD 837

24 OCT 2016 PM 1

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

OCT 26 2016
WATER RESOURCES
WESTERN REGION

RW

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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:

CHRIS EMMERT
7180 BOWMONT RD
NAMPA ID 83686

2. Article Number
(Transfer from)

7009 1410 0001 0944 2183

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ X *Beverly Emmert* ☒ Agent ☐ Addressee

B. Received by (Printed Name)
Beverly Emmert

C. Date of Delivery
10/24/16

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

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes