

7009 1410 0001 0944 6112

U.S. Postal Service
CERTIFIED MAILTM 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

G3-34139
Hearing Notice
Sent 7/26/16

Sent To

DIXIE LAND, LLC
22993 HOWE RD
CALDWELL ID 83607

See for Instructions

UNITED STATES POSTAL SERVICE

11 AUG 2016 PM 1 L

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
AUG 04 2016
WATER RESOURCES
WESTERN REGION

RN

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Postmark
Here

63-34139
 Hearing Notice
 Sent 8/26/16

Sent To

**DIXIE LAND, LLC
 22993 HOWE RD
 CALDWELL ID 83607**

See for Instructions

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:

**DIXIE LAND, LLC
 22993 HOWE RD
 CALDWELL ID 83607**

2. Article Number
 (Transfer from service)

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PS Form 3811, February 2004

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Cleo Shaw*

☒ Agent

☐ Addressee

B. Received by (Printed Name)

Cleo Shaw

C. Date of Delivery

8/26/16

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes

☒ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

102595-02-M-1540