

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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.



State of Idaho
Dept of Fish & Game
Attn: Tom Bassista
4279 Commerce Circle
Idaho Falls ID 83401-1726



9590 9403 0111 5077 6478 91

2. Article Number (Transfer from service label)

7013 3020 0000 6608 8121

PS Form 3811, April 2015 PSN 7530-02-000-9053

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Melissa Potter*

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Melissa Potter

C. Date of Delivery

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

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MAY 27 2016

Department of Water Resources
Eastern Region

3. Service Type

- ☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Registered Mail Restricted Delivery
- ☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

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1.



Lynn and Robin Herbst
PO Box 21
Tendoy ID 83468



9590 9403 0564 5173 2672 05

2. Article Number (Transfer from service label)

7013 3020 0000 6609 2092

PS Form 3811, April 2015 PSN 7530-02-000-9053

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Lynn A. Herbst*

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

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MAY 31 2016

Department of Water Resources
Eastern Region

3. Service Type

- ☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Registered Mail Restricted Delivery
- ☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
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1. A



Deputy Attorney General
Ann Y. Vonde
PO Box 83720
Boise ID 83720-0003



9590 9403 0111 5077 6479 21

2. Article Number (Transfer from service label)

7013 3020 0000 6608 8101

PS Form 3811, April 2015 PSN 7530-02-000-9053

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Ann Y. Vonde*

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

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Department of Water Resources
Eastern Region

3. Service Type

- ☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

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1.

Idaho Water Resource Board
c/o Morgan Case
7600 N Mineral Dr Ste 100
Coeur D' Alene ID 83815



9590 9403 0564 5173 2672 12

2 Article Number (Transfer from service label)

7013 3020 0000 6609 2108

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *D Ball*☒ Agent☐ Addressee

B. Received by (Printed Name)

D BALL

C. Date of Delivery

5-26-16

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

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MAY 31 2016

Department of Water Resources

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☐ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Restricted Delivery☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

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1.

Lemhi Irrigation District
260 Withington Creek Rd
Salmon ID 83467-5289



9590 9403 0111 5077 6478 84

2. Article Number (Transfer from service label)

3020 0000 6608 8132

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Ann Loucks*☐ Agent☐ Addressee

B. Received by (Printed Name)

Ann Loucks

C. Date of Delivery

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

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MAY 31 2016

Department of Water Resources
Eastern Region

3. Service Type

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PS Form 3811, April 2015 PSN 7530-02-000-9053

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1. A

Holden Kidwell Hahn & Crapo
Robert L. Harris
PO Box 50130
Idaho Falls ID 83405-0130



9590 9403 0111 5077 6479 07

2. Article Number (Transfer from service label)

7013 3020 0000 6608 8118

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Kendra Wells*☐ Agent☐ Addressee

B. Received by (Printed Name)

Kendra Wells

C. Date of Delivery

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

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Department of Water Resources
Eastern Region

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Domestic Return Receipt