

95-10283

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ 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.		A. Signature X <i>[Signature]</i> ☐ Agent ☐ Addressee	
1. Article Addressed to: RUSSELL K PALMER MYRNA J PALMER 17351 W 158TH ST OLATHE KS 66062-6356		B. Received by (Printed Name) _____ C. Date of Delivery _____	
2. Article Number (Transfer from service label) 10 1060 0000 8195 6017		D. Is delivery address different from item 1? ☐ Yes ☐ No If YES, enter delivery address below: _____	
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 ☐ Insured Mail Restricted Delivery (over \$500)		☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Return Receipt for Merchandise ☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery	

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

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•

Keith / Dianne
DEPT OF WATER RESOURCES
7600 N MINERAL DR - STE 100
COEUR D ALENE ID 83815-7763

USPS TRACKING#

9590 9403 0148 5086 1871 91