

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:

Central Shoshone County Water Dist.
 P O BOX 718
 Kellogg ID 83837-0718

2. Article Number
(Transfer from service label)

7012 3050 0001 2131 1016

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Dennis Norberts

☐ Agent☐ Addressee

B. Received by (Printed Name)

DENNIS NORBERTS

C. Date of Delivery

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail®☐ Priority Mail Express™☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

UNITED STATES POSTAL SERVICE

14 DEC 15



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box •

RECEIVED

DEC 16 2015

DEPARTMENT OF
WATER RESOURCES

Idaho Dept of Water Resources
Attn: Darla Block
PO Box 83720
Boise ID 83720-0098

14 DEC 2015 PM 11