

English

Customer Service

USPS Mobile

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USPS Tracking®



Customer Service ›

Have questions? We're here to help.



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Albion 12 Investments

Tracking Number: 70042890000170724984

Product & Tracking Information

Postal Product:

Features:

Certified Mail™

Available Actions

Text Updates

Email Updates

DATE & TIME	STATUS OF ITEM	LOCATION
November 14, 2015, 9:52 am	Business Closed	SCOTTSDALE, AZ 85250

Your item is being held at the Post Office in SCOTTSDALE, AZ 85250 on November 14, 2015 at 9:52 am because the business was closed. The item will be delivered the next delivery day that the business is open.

November 14, 2015, 1:51 am	Departed USPS Facility	PHOENIX, AZ 85043
November 12, 2015, 9:19 pm	Arrived at USPS Facility	PHOENIX, AZ 85043
November 10, 2015, 5:08 pm	Departed Post Office	TWIN FALLS, ID 83301
November 10, 2015, 12:37 pm	Picked Up	TWIN FALLS, ID 83301

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	\$.705	T# 79943
Certified Fee	3.45	Sent 11/10/15
Return Receipt Fee (Endorsement Required)	2.80	Postmark Here
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 6.955	

Sent To

ALBION 12 INVESTMENTS LLC
MIKE MERRIMAN
7595 E McDONALD DR STE 130
SCOTTSDALE AZ 85250-6081

PS Form 3800, June 2002

See Reverse for instructions

Manage Incoming Packages

Track all your packages from a dashboard.
No tracking numbers necessary.

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English

Customer Service

USPS Mobile

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USPS Tracking®



Customer Service ›

Have questions? We're here to help.



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Brockway

Tracking Number: 70042890000170724991

Updated Delivery Day: Thursday, November 12, 2015

Product & Tracking Information

Postal Product:

Features:

Certified Mail™

DATE & TIME

STATUS OF ITEM

LOCATION

November 12, 2015, 2:56
pm

Delivered

TWIN FALLS, ID 83301

Your item was delivered at 2:56 pm on November 12, 2015 in TWIN FALLS, ID 83301

November 12, 2015, 7:12
am

Out for Delivery

TWIN FALLS, ID 83301

November 12, 2015, 7:02
am

Sorting Complete

TWIN FALLS, ID 83301

November 12, 2015, 6:45
am

Arrived at Unit

TWIN FALLS, ID 83301

November 11, 2015, 7:32
pm

Departed USPS Facility

BOISE, ID 83708

November 11, 2015, 7:00
pmArrived at USPS Origin
Facility

BOISE, ID 83708

November 10, 2015, 5:08
pm

Departed Post Office

TWIN FALLS, ID 83301

November 10, 2015, 12:37
pm

Picked Up

TWIN FALLS, ID 83301

Available Actions

Text Updates

Email Updates

U.S. Postal Service™

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OFFICIAL USE

Postage \$.705

Certified Fee 3.45

Return Receipt Fee
(Endorsement Required) 2.80Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$ 6.955

T# 79943

Sent 11/10/15

Postmark
Here

DM

Sent To

Street, Apt. No.,
or PO Box No.
City, State, ZIP+4BROCKWAY ENGINEERING PLLC
ERICK POWELL
2016 N WASHINGTON ST STE 4
TWIN FALLS ID 83301-3082

PS Form 3800, June 2002

See Reverse for Instructions

Manage Incoming Packages

Track all your packages from a dashboard.
No tracking numbers necessary.

Sign up for My USPS ›



Trac

Tracking

70042891

7004 2890 0001 7072 4991

https://t

2890000170724991

12/23/2015

7004 2890 0001 7072 4922

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Postage	\$.705	T# 79943
Certified Fee	3.45	Sent 11/10/15
Return Receipt Fee (Endorsement Required)	2.80	Postmark Here <i>DM</i>
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 6.955	

Sent To

Street, Apt. No.,
or PO Box No.

City, State, ZIP+4

EARL L WARTHEN
 1047 S HWY 77
 ALBION ID 83311-9714

PS Form 3800, June 2002

See Reverse 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:

EARL L WARTHEN
 1047 S HWY 77
 ALBION ID 83311-9714

2. Article Number

(Transfer from service label)

7004 2890 0001 7072 4922

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Earl L Warthen

☐ Agent

☒ Addressee

B. Received by (Printed Name)

Earl L Warthen

C. Date of Delivery

11-19

- 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

UNITED STATES POSTAL SERVICE

BOISE ID 833

19 NOV 2015 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 •

RECEIVED

NOV 23 2015

STATE OF IDAHO
 DEPARTMENT OF WATER RESOURCES
 650 ADDISON AVE W, STE 500
 TWIN FALLS, ID 83301

DEPT OF WATER RESOURCES
 SOUTHERN REGION

RETURN SERVICE REQUESTED

79943 DM



U.S. Postal ServiceTM
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For delivery information visit our website at www.usps.com

OFFICIAL USE

7008 3230 0000 3731 4980

Postage	\$.705
Certified Fee	3.45
Return Receipt Fee (Endorsement Required)	2.80
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.955

T# 79943
Sent 11/10/15

Postmark
Here

DM

Sent To

Street, Apt. No.,
or PO Box No.
City, State, ZIP+4

PARSONS SMITH & STONE
WILLIAM A PARSONS
PO BOX 910
BURLEY ID 83318-0910

PS Form 3800, August 2006

See Reverse 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:

PARSONS SMITH & STONE
WILLIAM A PARSONS
PO BOX 910
BURLEY ID 83318-0910

2. Article Number

(Transfer from service label)

7008 3230 0000 3731 4980

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Mary C - Day

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Mary C - Day

C. Date of Delivery

11/13/15

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

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 •

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
650 ADDISON AVE W, STE 500
TWIN FALLS, ID 83301

RECEIVED

RETURN SERVICE REQUESTED

NOV 16 2015

79943 DM

DEPT OF WATER RESOURCES
SOUTHERN REGION

7004 2890 0001 7072 5004

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OFFICIAL USE

Postage	\$.705
Certified Fee	3.45
Return Receipt Fee (Endorsement Required)	2.80
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.955

T# 79943

Sent 11/10/15

Postmark
Here

DM

Sent To

Street, Apt. No.,
or PO Box No.
City, State, ZIP+4

HONSINGER LAW PLLC
 CHARLIE HONSINGER
 PO BOX 517
 BOISE ID 83701-0517

PS Form 3800, June 2002

See Reverse 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:

HONSINGER LAW PLLC
 CHARLIE HONSINGER
 PO BOX 517
 BOISE ID 83701-0517

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Charlie Honsinger

- ☐ Agent
☒ Addressee

B. Received by (Printed Name)

Charles Honsinger

C. Date of Delivery

11/12/15

- 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

2. Article Number

(Transfer from service label)

7004 2890 0001 7072 5004

PS Form 3811, February 2004

Domestic Return Receipt

102585-02-M-1540

UNITED STATES POSTAL SERVICE

12 NOV 2015 PM 2 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
 650 ADDISON AVE W, STE 500
 TWIN FALLS, ID 83301

RECEIVED

NOV 16 2015

RETURN SERVICE REQUESTED

DEPT OF WATER RESOURCES
 SOUTHERN REGION

79943 DM

7008 3230 0000 3731 5000

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	\$.705	T# 79943 Sent 11/10/15
Certified Fee	3.45	
Return Receipt Fee (Endorsement Required)	2.80	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 6.955	

Postmark Here *DM*

Sent To
 Street, Apt. No.,
 or PO Box No.
 City, State, ZIP+4

NORMAN L SMYER
76 S HWY 77
DECLO ID 83323

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: NORMAN L SMYER 76 S HWY 77 DECLO ID 83323		A. Signature <i>[Signature]</i> ☐ 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	
2. Article Number (Transfer from service label) 7008 3230 0000 3731 5000		3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes	

PS Form 3811, February 2004 Domestic Return Receipt 102585-02-M-1540

UNITED STATES POSTAL SERVICE
 BOISE ID 83323

13 NOV 2015 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
650 ADDISON AVE W, STE 500
TWIN FALLS, ID 83301

RETURN SERVICE REQUESTED

79943 DM

RECEIVED
NOV 16 2015
 DEPT OF WATER RESOURCES
 SOUTHERN REGION

|||||

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	\$.705	T# 79943
Certified Fee	3.45	Sent 11/10/15
Return Receipt Fee (Endorsement Required)	2.80	Postmark Here <i>DM</i>
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 6.955	

Sent To
Street, Apt. No.,
or PO Box No.
City, State, ZIP+4
KEVIN SMYER
PO BOX 482
ALBION ID 83311-0482

PS Form 3800, August 2006

See Reverse 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:

KEVIN SMYER
PO BOX 482
ALBION ID 83311-0482

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Arlene Smyer ☒ Agent ☒ Addressee
B. Received by (Printed Name) *Arlene Smyer* C. Date of Delivery *11-13-15*
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

2. Article Number
(Transfer from service label)

7008 3230 0000 3731 4997

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

UNITED STATES POSTAL SERVICE

BOISE ID 837

13 NOV 2015 PM 11

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
650 ADDISON AVE W, STE 500
TWIN FALLS, ID 83301

RECEIVED

NOV 16 2015

RETURN SERVICE REQUESTED

DEPT OF WATER RESOURCES
SOUTHERN REGION

79943 *DM*



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OFFICIAL USE

Postage	\$.705	T# 79943
Certified Fee	3.45	Sent 11/10/15
Return Receipt Fee (Endorsement Required)	2.80	Postmark Here <i>DM</i>
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 6.955	

Sent To
CHRISTOPHER J KING
PO BOX 54
940 S HWY 77
City, State, ZIP+4[®] ALBION ID 83311-0054

PS Form 3800, August 2006

See Reverse 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:

CHRISTOPHER J KING
PO BOX 54
940 S HWY 77
ALBION ID 83311-0054

2. Article Number
(Transfer from service label)

7008 3230 0000 3731 4973

PS Form 3811, February 2004

Domestic Return Receipt

102565-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

11-13

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

UNITED STATES POSTAL SERVICE

BOISE ID 837

13 NOV 2015 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
650 ADDISON AVE W, STE 500
TWIN FALLS, ID 83301

RECEIVED

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NOV 16 2015

79945 DM

DEPT OF WATER RESOURCES
SOUTHERN REGION

7008 3230 0000 3731 5017

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OFFICIAL USE

Postage	\$.705	T# 79943
Certified Fee	3.45	Sent 11/10/15
Return Receipt Fee (Endorsement Required)	2.80	Postmark Here <i>DM</i>
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 6.955	

Sent To

Street, Apt. No.,
or PO Box No.
City, State, ZIP+4

JAMES WAHLGREN
PO BOX 73
ALBION ID 83311-0073

PS Form 3800, August 2006

See Reverse 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:

JAMES WAHLGREN
PO BOX 73
ALBION ID 83311-0073

2. Article Number

(Transfer from service label)

7008 3230 0000 3731 5017

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Darlene Wahlgren

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Darlene Wahlgren

C. Date of Delivery

11-12

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

UNITED STATES POSTAL SERVICE

12 NOV 2015 PM 3

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
650 ADDISON AVE W, STE 500
TWIN FALLS, ID 83301

RECEIVED

RETURN SERVICE REQUESTED

NOV 16 2015

79943 DM

DEPT OF WATER RESOURCES
SOUTHERN REGION



7004 2890 0001 7072 7510

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OFFICIAL USE

Postage	\$.705
Certified Fee	3.45
Return Receipt Fee (Endorsement Required)	2.80
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.955

T# 79943

Sent 11/10/15

Postmark
Here

DM

Sent To

Street, Apt. No.,
or PO Box No.
City, State, ZIP+4

H LEE JOLLEY
PO BOX 21
ALBION ID 83311-0021

PS Form 3800, June 2002

See Reverse 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:

H LEE JOLLEY
PO BOX 21
ALBION ID 83311-0021

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)
Marty Steel

☒ Agent

☐ Addressee

C. Date of Delivery

11-12

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

2. Article Number

(Transfer from service label)

7004 2890 0001 7072 7510

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

UNITED STATES POSTAL SERVICE

12 NOV 2015 PM 3:11

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
650 ADDISON AVE W, STE 500
TWIN FALLS, ID 83301

RECEIVED

NOV 16 2015

RETURN SERVICE REQUESTED

DEPT OF WATER RESOURCES
SOUTHERN REGION

79943 DM