

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:

William L Baxter
PO Box 96
Hope ID 83836

2. Article Number

(7) r from service label)

7007 1490 0001 6752 4928

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

h 2529 T000 06hT 2002

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*☐ Agent☒ Addressee

B. Received by (Printed Name)

W. L. Baxter 6/18

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 ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ YesRECEIVED
JUN 21 2010

IDWR/NORTH

Postage

\$0.44

Certified Fee

\$2.80

Return Receipt Fee
(Endorsement Required)

\$2.30

Restricted Delivery Fee
(Endorsement Required)

\$0.00

Total Postage & Fees

\$5.54

Postmark
Here

0835 02

06/17/2010

Sent To: William L Baxter
Street, Apt. No., or PO Box No.: PO Box 96
City, State, ZIP+4: Hope ID 83836

See Reverse for Instructions

PS Form 3800, August 2005

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:

Dale Van Stone
21 Denton Rd
Hope ID 83836

2. Article Number

(7) r from service label)

7007 1490 0001 6752 4935

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

h 2529 T000 06hT 2002

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*☐ Agent☒ Addressee

B. Received by (Printed Name)

DALE VAN STONE 6/18

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 ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ YesRECEIVED
JUN 21 2010

IDWR/NORTH

Postage

\$0.44

Certified Fee

\$2.80

Return Receipt Fee
(Endorsement Required)

\$2.30

Restricted Delivery Fee
(Endorsement Required)

\$0.00

Total Postage & Fees

\$5.54

Postmark
Here

0835 02

06/17/2010

Sent To: Dale Van Stone
Street, Apt. No., or PO Box No.: 21 Denton Rd
City, State, ZIP+4: Hope ID 83836

See Reverse for Instructions

PS Form 3800, August 2005

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:

Mrs EC Van Stone
21 Denton Rd
Hope ID 83836

2. Article Number

(7) r from service label)

7007 1490 0001 6752 4942

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

h 2529 T000 06hT 2002

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*☒ Agent☐ Addressee

B. Received by (Printed Name)

DALE VAN STONE 6/18

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 ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ YesRECEIVED
JUN 21 2010

IDWR/NORTH

Postage

\$0.44

Certified Fee

\$2.80

Return Receipt Fee
(Endorsement Required)

\$2.30

Restricted Delivery Fee
(Endorsement Required)

\$0.00

Total Postage & Fees

\$5.54

Postmark
Here

0835 02

06/17/2010

Sent To: Mrs EC Van Stone
Street, Apt. No., or PO Box No.: 21 Denton Rd
City, State, ZIP+4: Hope ID 83836

See Reverse for Instructions

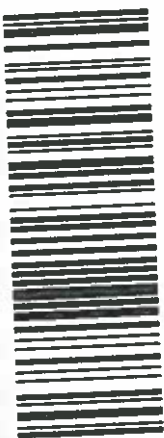
PS Form 3800, August 2005

U.S. POSTAGE
PAID
HAYDEN, ID
83835
JUN 17, 10
AMOUNT

\$5.54
00053796-02

83836

1000



7007 1490 0001 6752 4911

144

ANDREW WALKER
PO BOX 411
HOPE ID 83836

RETURN RECEIPT
REQUESTED

P.O. Box 411

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
7600 Mineral Drive, Suite 100
Coeur d'Alene, Idaho 83815

Return Service Requested

00 06/19/10
1 DC 1
992 SIXIN
RETURN TO SENDER
UNABLE TO DELIVER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD
*29889-08185-17-41
6927051836

1008 1140\$938836

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
Andrew Walker
PO Box 411
Hope ID 83836

2. Article Number
(Transfer from service label)
7007 1490 0001 6752 4911

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-1A

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ X ☐ Agent

B. Received by (Printed Name) ☐ Address

C. Date of Delivery

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

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

HOPE ID 83836

Postage	\$	\$0.44	0835
Certified Fee		\$2.80	02 Postmark Here
Return Receipt Fee (Endorsement Required)		\$2.30	
Restricted Delivery Fee (Endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$5.54	06/17/2010

Sent To *Andrew Walker*
Street, Apt. No., or PO Box No. *PO Box 411*
City, State, Zip+4 *Hope ID 83836*

PS Form 3800, August 2005 See Reverse for Instructions