

| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                     |  | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                                                                                                                                             |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> |  | <p>A. Signature<br/>X <i>Kaylene Rindlisbacher</i> <span style="float: right;"><input type="checkbox"/> Agent<br/><input type="checkbox"/> Addressee</span></p> <p>B. Received by (Printed Name) <i>Kaylene Rindlisbacher</i> C. Date of Delivery <i>8/22/15</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>If YES, enter delivery address below: <i>83252</i></p> |  |
| <p>1. Article Addressed to:</p> <p style="text-align: center;"><b>RECEIVED</b><br/><b>JUL 23 2015</b><br/>Department of Water Resources<br/>Eastern Region</p> <p>Chad Rindlisbacher<br/>890 N 4600 W<br/>Malad ID 83252</p>                                                      |  | <p>3. Service Type<br/> <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™<br/> <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery         </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>     |  |
| <p>2. Article Number<br/>(Transfer from service label)</p> <p>7013 1090 0001 7436 2303</p>                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| PS Form 3811, July 2013 Domestic Return Receipt                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                               |  |

| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                                                                                                               |  | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>                                                                                                                                                   |  | <p>A. Signature<br/>X <i>Candice McHugh</i> <span style="float: right;"><input type="checkbox"/> Agent<br/><input type="checkbox"/> Addressee</span></p> <p>B. Received by (Printed Name) <i>Bromley</i> C. Date of Delivery <i>7/22/15</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>If YES, enter delivery address below: <input type="checkbox"/> No</p>                                                                                                                                                                                                                                                                                                                                                                                          |  |
| <p>1. Article Addressed to:</p> <p style="text-align: center;"><b>RECEIVED</b><br/><b>JUL 22 2015</b><br/>Department of Water Resources<br/>Eastern Region</p> <p>McHugh Bromley<br/>Candice McHugh<br/>380 S 4th Ste 103<br/>Boise ID 83702</p> <p><br/>9590 9403 0111 5077 6480 96</p> |  | <p>3. Service Type<br/> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®<br/> <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™<br/> <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery<br/> <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™<br/> <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery<br/> <input type="checkbox"/> Mail Restricted Delivery (D)         </p> |  |
| <p>2. Article Number (Transfer from service label)</p> <p>7013 1090 0001 7436 2280</p>                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |

| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                                                                                              |  | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>                                                                                                                                  |  | <p>A. Signature<br/>X <i>Chet and Jill Keetch</i> <span style="float: right;"><input type="checkbox"/> Agent<br/><input type="checkbox"/> Addressee</span></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>If YES, enter delivery address below: <input type="checkbox"/> No</p>                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| <p>1. Article Addressed to:</p> <p style="text-align: center;"><b>RECEIVED</b><br/><b>JUL 24 2015</b><br/>Department of Water Resources<br/>Eastern Region</p> <p>Chet and Jill Keetch<br/>3450 W 2800 N<br/>Malad ID 83252</p> <p><br/>9590 9403 0111 5077 6480 89</p> |  | <p>3. Service Type<br/> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®<br/> <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™<br/> <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery<br/> <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™<br/> <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery<br/> <input type="checkbox"/> Registered Mail Restricted Delivery (D) (\$500)         </p> |  |
| <p>2. Article Number (Transfer from service label)</p> <p>7013 1090 0001 7436 2273</p>                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |

## 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. Article Addressed to:

**Samaria Water & Irrigation Cor**  
Department of Water Resources  
5176 S 4400 West Eastern Region  
Malad ID 83252



9590 9403 0111 5077 6481 02

(Transfer from service label)

7013 1090 0001 7436 2297

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Mary Ann Ky*☐ 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

## 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
- ☐ Mail Restricted Delivery

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