

7008 3230 0000 3731 4942

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	\$.69
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.69

T# 79331

Sent 6/5/2015

Postmark
Here

Sent To **City of Ketchum**
 Street, Apt. No.,
 or PO Box No. **PO Box 2315**
 City, State, ZIP+4 **Ketchum ID 83340**

PS Form 3800, August 2006

See Reverse for Instructions

UNITED STATES POSTAL SERVICE



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

79331 - DM

KETCHUM ID
 MAIN OFFICE
 JUN 15 2015

RECEIVED
 JUN 17 2015
 DEPT. OF WATER RESOURCES
 SOUTHERN REGION

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:

**CITY OF KETCHUM
 ROBYN MATTISON
 PO BOX 2315
 KETCHUM ID 83340**

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
Pat Bennett

B. Received by (Printed Name) *Pat Bennett* C. Date of Delivery

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

JUN 15 2015

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)

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