

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:

Holden Kidwell Hahn & Crapo
Robert L. Harris
PO Box 50130
Idaho Falls ID 83405-0130

2. Article Number

(Transfer from service label)

7013 1090 0001 7436 1221

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Karl Hahn

☒ Agent☐ Addressee

B. Received by (Printed Name)

Kendra Jells

C. Date of Delivery

5-20-15

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

MAY 22 2015

Department of Water Resources

Eastern Region

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

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1. Article Addressed to:

Fletcher Law Office
W Kent Fletcher
PO Box 248
Burley ID 83318-0248

2. Article Number

(Transfer from service label)

7013 1090 0001 7436 1238

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Jackie G. B. S.

☒ Agent☐ Addressee

B. Received by (Printed Name)

JACKIE G. B. S.

C. Date of Delivery

5/22/15

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

MAY 26 2015

Department of Water Resources

Eastern Region

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

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1. Article Addressed to:

Barker Rosholt & Simpson - Twin
Paul Arrington
195 River Vista Place, Ste 204
Twin Falls ID 83301-3027

2. Article Number

(Transfer from service label)

7013 1090 0001 7436 1245

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [Signature]

☒ Agent☐ Addressee

B. Received by (Printed Name)

[Signature]

C. Date of Delivery

5-22-15

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

MAY 26 2015

Department of Water Resources

Eastern Region

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes