

7004 2890 0001 7072 4939

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CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

Postage	\$.48	45-14456 SENT 5/5/2015 Postmark Here
Certified Fee	3.30	
Return Receipt Fee (Endorsement Required)	2.70	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 6.48	

Sent To: **ALBION 12 INVESTMENTS LLC**
 Street, Apt. No., or PO Box No. **7595 E MC DONALD, STE 130**
 City, State, ZIP+4 **SCOTTSDALE AZ 85250**

PS Form 3800, June 2002 See Reverse for Instructions

UNITED STATES POSTAL SERVICE

POST OFFICE
 SCOTTSDALE AZ 85252
 11 MAY 15
 PM 2 1



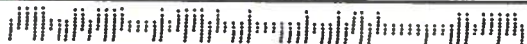
First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

• 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

45-14456



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 	A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: ALBION 12 INVESTMENTS LLC MIKE MERRIMAN 7595 E MC DONALD DR, STE 130 SCOTTSDALE AZ 85250	B. Received by (Printed Name) <i>[Signature]</i>	C. Date of Delivery 5-11
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
RECEIVED MAY 15 2015 DEPT OF WATER RESOURCES SOUTHERN REGION		
2. Article Number (Transfer from service label)	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7004 2890 0001 7072 4939		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

7004 2890 0001 7072 4960

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CERTIFIED MAIL™ RECEIPT
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Certified Fee	3.30	
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Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 6.48	

Sent To
BROCKWAY ENGINEERING
Street, Apt. No.;
or PO Box No. **2016 N WASHINGTON, STE 4**
City, State, ZIP+4 **TWIN FALLS ID 83301**

PS Form 3800, June 2002

See Reverse for Instructions

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

MAY 11 2015

DEPT OF WATER RESOURCES
SOUTHERN REGION

45-14456

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:

BROCKWAY ENGINEERING PLLC
ERICK POWELL
2016 N WASHINGTON ST, STE 4
TWIN FALLS, ID 83301

2. Article Number

(Transfer from service label)

7004 2890 0001 7072 4960

PS Form 3811, February 2004

Domestic Return Receipt

1025

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Sheila Daniels*

Agent

Addressee

B. Received by (Printed Name)

Sheila Daniels

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)

7004 2890 0001 7072 4953

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Certified Fee	3.30	
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Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 6.48	

SENT 5/5/2015
 Postmark Here

Sent To
PARSONS SMITH & STONE
Street, Apt. No., or PO Box No. PO BOX 910
City, State, ZIP+4 BURLEY ID 83318
 PS Form 3800, June 2002 See Reverse for Instructions

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

MAY 11 2015

DEPT OF WATER RESOURCES
 SOUTHERN REGION

45-14456

<p>SENDER: COMPLETE THIS SECTION</p> <ul style="list-style-type: none"> 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. 	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature X <i>Mary C. Day</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Mary C. Day</i> C. Date of Delivery <i>MAY 8 2015</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <i>83318</i></p>
<p>1. Article Addressed to:</p> <p>PARSONS SMITH & STONE PO BOX 910 BURLEY ID 83318</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7004 2890 0001 7072 4953</p>

English

Customer Service

USPS Mobile

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USPS Tracking™



Customer Service ›
Have questions? We're here to help.



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Sign up for My USPS.com.

Tracking Number: 70042890000170724946

Updated Delivery Day: Friday, May 8, 2015

Product & Tracking Information

Postal Product:

Features:
Certified Mail™

DATE & TIME	STATUS OF ITEM	LOCATION
May 8, 2015 , 9:11 am	Delivered	ALBION, ID 83311
May 8, 2015 , 8:52 am	Available for Pickup	ALBION, ID 83311
May 8, 2015 , 8:42 am	Arrived at Unit	ALBION, ID 83311
May 7, 2015 , 5:20 pm	Departed USPS Facility	BOISE, ID 83708
May 6, 2015 , 11:07 pm	Arrived at USPS Facility	BOISE, ID 83708

Your item was delivered at 9:11 am on May 8, 2015 in ALBION, ID 83311.

Available Actions

Text Updates

Email Updates

Return Receipt After Mailing

Track Another Package

Tracking (or receipt) number

Track It

Manage Incoming Packages

Track all your packages from a dashboard
No tracking numbers necessary

Sign up for My USPS.com ›



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Restricted Delivery Fee (Endorsement Required)		
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Sent To
EARL L. WARTHEN
Street, Apt. No.,
or PO Box No. **1047 S HWY 77**
City, State, ZIP+4 **ALBION ID 83311**

- OTHER USPS SITES
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 - Postal Inspectors
 - Inspector General
 - Postal Explorer
 - National Postal Museum
 - Resources for Developers

- LEGAL INFORMATION
- Privacy Policy
 - Terms of Use
 - FOIA
 - No FEAR Act EEO Data

Signature card

*rec'd as of
5/26/2015*

?tLabels=70042890000170724946

5/22/2015

7004 2890 0001 7072 4946