

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:

MAR 16 2015

Department of Water Resources
Eastern Region

Brian Torgeson
260 River Dr
Soda Springs Id 83276

2. Article Number
(Transmit from service label)

7013 1090 0001 7436 0934

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

Cindy G. Torgeson

3-14-15

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

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™☐ Registered ☐ Return Receipt for Merchandise☐ Insured Mail ☐ Collect on Delivery4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

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1. Article Addressed to:

MAR 16 2015

Department of Water Resources
Eastern Region

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

2. Article Number
(Transmit from service label)

7013 1090 0001 7436 0903

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☒ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

Kendra Jettis

3-13-15

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

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™☐ Registered ☐ Return Receipt for Merchandise☐ Insured Mail ☐ Collect on Delivery4. Restricted Delivery? (Extra Fee) ☐ Yes

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1. Article Addressed to:

MAR 16 2015

Department of Water Resources
Eastern Region

Racine Olson Nye Budge
PO Box 1391
Pocatello ID 83204-1391

2. Article Number
(Transmit from service label)

7013 1090 0001 7436 0910

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

Racine Castillo

3-13-15

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

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™☐ Registered ☐ Return Receipt for Merchandise☐ Insured Mail ☐ Collect on Delivery4. Restricted Delivery? (Extra Fee) ☐ Yes

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1. Article Addressed to:

MAR 17 2015

Department of Water Resources
Eastern Region

Nedra Torgeson

PO Box 45

Soda Springs Id 83276-0045

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Nedra Torgeson*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

BRIAN TORGESON

C. Date of Delivery

3-16-15

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

MAR 16 2015

3. Service Type

☒ Certified Mail®

☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number
(Transfer from service label)

701-1090 0001 7436 0927

PS Form 3811, July 2013

Domestic Return Receipt