

**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:

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

2. Article Number  
(If from service label)

7013 1090 0001 7436 0842

PS Form 3811, July 2013 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Jessica Nielsen*

☐ Agent  
☒ Addressee

B. Received by (Printed Name)

*Jessica Nielsen*

C. Date of Delivery

*3/9/15*

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

RECEIVED

MAR 11 2015

Department of Water Resources

3. Service Type

Eastern Region

- ☒ 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:

Karl T. Cook or Jeffrey M. Cook  
703 W 7th South  
Rexburg ID 83440

2. Article Number  
(If from service label)

7013 1090 0001 7436 0880

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Karl Cook*

☐ Agent  
☒ Addressee

B. Received by (Printed Name)

*KARL COOK*

C. Date of Delivery

*3/9/15*

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

RECEIVED

MAR 11 2015

Department of Water Resources

3. Service Type

Eastern Region

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                                                              |  | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                                                                                                                                |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> |  | <p>A. Signature<br/> <input checked="" type="checkbox"/> <i>Samantha Schiffman</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)<br/> <i>Samantha Schiffman</i></p> <p>C. Date of Delivery<br/> <i>3-9-15</i></p>                                                                                                                       |  |
| <p>1. Article Addressed to:</p> <p>Holden Kidwell Hahn &amp; Crapo<br/> Robert L. Harris<br/> PO Box 50130<br/> Idaho Falls ID 83405-0130</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>2. Article Number<br/> (Ti from service label) <i>7013 1090 0001 7436 0866</i></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> |  |
| PS Form 3811, July 2013                                                                                                                                                                                                                                                                                                    |  | Domestic Return Receipt                                                                                                                                                                                                                                                                                                                                                                          |  |

| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                                                              |  | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                                                                                                                                |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
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| <p>1. Article Addressed to:</p> <p>Rocky Mountain Environmental<br/> 482 Constitution Way #303<br/> Idaho Falls ID 83402-3565</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>2. Article Number<br/> (Ti from service label) <i>7013 1090 0001 7436 0873</i></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> |  |
| PS Form 3811, July 2013                                                                                                                                                                                                                                                                                                    |  | Domestic Return Receipt                                                                                                                                                                                                                                                                                                                                                                          |  |

| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                                                              |  | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                                                                                                                                |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
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| <p>1. Article Addressed to:</p> <p>Fletcher Law Office<br/> W Kent Fletcher<br/> PO Box 248<br/> Burley ID 83318-0248</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>2. Article Number<br/> (Ti from service label) <i>7013 1090 0001 7436 0859</i></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> |  |
| PS Form 3811, July 2013                                                                                                                                                                                                                                                                                                    |  | Domestic Return Receipt                                                                                                                                                                                                                                                                                                                                                                          |  |