

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:

Richard Parrott
1389 E 4400 N
Buhl ID 83316

2. Article Number

(Transfer from service label)

7013 2630 0000 7156 3277

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Richard Parrott

☐ Agent
☒ Addressee

B. Received by (Printed Name)

Richard Parrott

C. Date of Delivery

12-12-14

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

RECEIVED

DEC 15 2014

3. Service Type

☒ 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

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- 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:

Victoria B. Henson
3295 N 2300 E
Twin Falls ID 83301-0455

2. Article Number

(Transfer from service label)

7013 2630 0000 7156 3215

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Wanda Payne

☐ Agent
☒ Addressee

B. Received by (Printed Name)

Wanda Payne

C. Date of Delivery

12-8-14

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

RECEIVED

DEC 10 2014

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

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:

Scott Houtz
2231 E 3300 N
Twin Falls ID 83301

2. Article Number

(Transfer from service label)

7013 2630 0000 7156 3222

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Scott Houtz

☐ Agent
☒ Addressee

B. Received by (Printed Name)

Scott Houtz

C. Date of Delivery

12-8-14

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

RECEIVED

DEC 10 2014

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

SENDER: COMPLETE THIS SECTION

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- 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:

RECEIVED

DEC 10 2014

Department of Water Resources
Jeanie Mc Creary
2217 E 3300 N
Twin Falls ID 83301

2. Article Number

(Transfer from service label)

7013 2630 0000 7156 3246

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Jeanie McCreary*☐ Agent☐ Addressee

B. Received by (Printed Name)

Jeanie McCreary

C. Date of Delivery

12/8/14

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 Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

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- 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:

RECEIVED

DEC 10 2014

Department of Water Resources
Elizabeth Slifer
3779 N 2250 E
Filer ID 83328

2. Article Number

(Transfer from service label)

7013 2630 0000 7156 3314

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *E. Slifer*☐ Agent☒ Addressee

B. Received by (Printed Name)

E. Slifer

C. Date of Delivery

12/8/14

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 Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

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:

RECEIVED

DEC 10 2014

Department of Water Resources
Barker Rosholt & Simpson Region
Travis L Thompson
195 River Vista Place, Ste 204
Twin Falls ID 83301-3027

2. Article Number

(Transfer from service label)

7013 2630 0000 7156 3154

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

12/8/14

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 Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

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:

RECEIVED

DEC 10 2014

Department of Water Resources
Michael & Jana Humphries
2382 E 3300 North
Twin Falls ID 83301

2. Article Number

(Transfer from service label)

7013 2630 0000 7156 3239

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

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

3. Service Type

☒ 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 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:

Department of Water Resources
Eastern Region

Greg Sullivan
Brockway Engineering PLLC
2016 N. Washington St., Ste 4
Twin Falls ID 83301

2. Article Number

(Transfer from service label)

7013 2630 0000 7156 3345

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

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

3. Service Type

☒ 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 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:

RECEIVED

DEC 10 2014

Department of Water Resources
William D. Hamby
2399 E 3300 N
Twin Falls ID 83301

2. Article Number

(Transfer from service label)

7013 2630 0000 7156 3208

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

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

3. Service Type

☐ 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 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:

DEC 11 2014

Department of Water Resources
Eastern Region

Barbara & Lynn Stephens
PO Box 2118
Twin Falls ID 83303-2118

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Barbara Stephens

☐ Agent☒ Addressee

B. Received by (Printed Name)

Barbara Stephens

C. Date of Delivery

12/19

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

Article Number

(Transfer from service label)

7013 2630 0000 7156 3338

PS Form 3811, July 2013 Domestic Return Receipt

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:

DEC 11 2014

Department of Water Resources
Eastern Region

Eric Parrott
2152 E 3300 N
Twin Falls ID 83301

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Eric Parrott

☐ Agent☒ Addressee

B. Received by (Printed Name)

Eric Parrott

C. Date of Delivery

12-9-14

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

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)

7013 2630 0000 7156 3260

PS Form 3811, July 2013

Domestic Return Receipt

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:

DEC 11 2014

Department of Water Resources
Eastern Region

Pam Ritter
3283 N 2300 E
Twin Falls ID 83301

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Pam Ritter

☐ Agent☒ Addressee

B. Received by (Printed Name)

Pam Ritter

C. Date of Delivery

12-9-14

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

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)

7013 2630 0000 7156 3291

PS Form 3811, July 2013

Domestic Return Receipt

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:

Martin F. Hackard
3289 N 2300 E
Twin Falls ID 83301

DEC 11 2014

Department of Water Resources
Eastern Region

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

M. Hackard

☐ Agent☐ Addressee

B. Received by (Printed Name)

M. HACKARD

C. Date of Delivery

12-9-14

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 Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7013 2630 0000 7156 3192

PS Form 3811, July 2013

Domestic Return Receipt

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:

Four Sister Dairy LLC
PO Box 105
Twin Falls ID 83303-0105

DEC 12 2014

Department of Water Resources
Eastern Region

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Melody H. Hake

☒ Agent☐ Addressee

B. Received by (Printed Name)

Melody H. Hake

C. Date of Delivery

12-10-14

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 Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7013 2630 0000 7156 3185

PS Form 3811, July 2013

Domestic Return Receipt

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:

Margaret Winsryg & Leroy Elliott
David Coleman
PO Box 525
Twin Falls ID 83303-0525

DEC 12 2014

Department of Water Resources
Eastern Region

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Margaret Winsryg & Leroy Elliott

☒ Agent☐ Addressee

B. Received by (Printed Name)

Margaret Winsryg & Leroy Elliott

C. Date of Delivery

12/10/14

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 Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7013 2630 0000 7156 3369

PS Form 3811, July 2013

Domestic Return Receipt

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:

RECEIVED

DEC 17 2014

Department of Water Resources
Eastern Region

Shadow & Bonnie Seaman
1940 E 3700 N
Filer ID 83328

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Bonnie Seaman

☐ Agent
☒ Addressee

B. Received by (Printed Name)

Bonnie Seaman

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® ☐ 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)

7013 2630 0000 7156 3307

PS Form 3811, July 2013

Domestic Return Receipt

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:

RECEIVED
DEC 15 2014Department of Water Resources
Eastern Region

Leslie Ellsworth
PO Box 5023
Twin Falls ID 83303-5023

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Leslie Ellsworth

☐ Agent
☒ Addressee

B. Received by (Printed Name)

LESLIE ELLSWORTH

C. Date of Delivery

12/11/14

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 Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7013 2630 0000 7156 3178

PS Form 3811, July 2013

Domestic Return Receipt

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:

RECEIVED
DEC 15 2014Department of Water Resources
Eastern Region

Jimmie L. Conder
3623 N 2000 E
Filer ID 83328

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Jimmie L. Conder

☐ Agent
☒ Addressee

B. Received by (Printed Name)

JIMMIE L. CONDER

C. Date of Delivery

12/11/14

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 Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7013 2630 0000 7156 3161

PS Form 3811, July 2013

Domestic Return Receipt

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:

DEC 19 2014

Department of Water Resources
Eastern Region

Lois M. Rice
PO Box 200
Filer ID 83328-0200

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Wanda Rice* ☐ Agent ☒ Addressee

B. Received by (Printed Name)

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number

(Transfer from service label)

7013 2630 0000 7156 3284

PS Form 3811, July 2013

Domestic Return Receipt

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:

RECEIVED

DEC 26 2014

Department of Water Resources
Eastern Region

Delea C. Miller
2239 E 3300 N
Twin Falls ID 83301

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Delea Miller* ☐ Agent ☒ Addressee

B. Received by (Printed Name)

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® ☐ 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)

7013 2630 0000 7156 3253

PS Form 3811, July 2013

Domestic Return Receipt

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:

DEC 19 2014

Department of Water Resources
Eastern Region

Ed Smith
PO Box 6015
Twin Falls ID 83303-6015

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Edward S. Smith* ☐ Agent ☒ Addressee

B. Received by (Printed Name)

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

Article Number

(Transfer from service label)

7013 2630 0000 7156 3321

PS Form 3811, July 2013

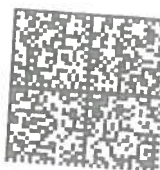
Domestic Return Receipt

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
Eastern District Office
900 N. Skyline Dr., Suite A
Idaho Falls, ID 83402-1718

RETURN SERVICE REQUESTED



7013 2630 00 56 3352



UNITED STATES POSTAGE
PITNEY BOWES
\$ 006.690
02 1P
0001728520 DEC 05 2014
MAILED FROM ZIP CODE 83402

*Remailed
12/11/14*

841 DE 1
RETURN TO SENDER
UNABLE TO DELIVER
UNDELIVERABLE
NIXIE
83402-1700
83402-1700

8331635622 R004
83402 01700

12-8-14
12/11
12/13
12/13
Thomas and Dorothy Leno
4236 N 1900 E
Buhl ID 83316

