

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:

NOV 26 2014

Department of Water Resources
Eastern Region

Terry Walsh
10 Cedar Hills Dr
Pocatello ID 83204

2. Article Number

(Transfer from service label)

7013 2630 0000 7156 3109

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

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1. Article Addressed to:

RECEIVED
NOV 25 2014Department of Water Resources
Eastern Region

Jones Chartered
Thomas J Holmes
PO Box 967
Pocatello ID 83204-0967

2. Article Number

(Transfer from service label)

7013 2630 0000 7156 3093

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☐ 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

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☐ Registered ☐ Return Receipt for Merchandise
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4. Restricted Delivery? (Extra Fee)

☐ Yes

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1. Article Addressed to:

Shawn Anderson
PO Box 95
Pocatello ID 83204-0095

2. Article Number

(Transfer from service label)

7013 2630 0000 7156 3116

PS Form 3811, July 2013

Domestic Return Receipt

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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