

**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:**

Robyn Smith  
Matthew Todd Walker  
Hayden S Walker  
10444 N Lakeview DR  
Hayden ID 83835

**2. Article Number**

(Transfer from service label)

7012 1640 0001 3857 1512

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

**COMPLETE THIS SECTION ON DELIVERY****A. Signature**

X

*Robyn Smith*

☐ Agent

☒ Address

**B. Received by (Printed Name)**

ROBYN SMITH

**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

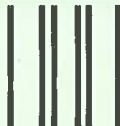
☐ Insured Mail

☐ C.O.D.

**4. Restricted Delivery? (Extra Fee)**

☐ Yes

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 •

Idaho Dept of Water Resources  
Attn: Darla Block  
PO Box 83720  
Boise ID 83720-0098

RECEIVED

FEB 10 2015

DEPARTMENT OF  
WATER RESOURCES

RECEIVED

FEB 10 2015

DEPARTMENT OF  
WATER RESOURCES

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