

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:

Jaren M Nolder
Shauna M Nolder
6355 N 3835 E
Malak ID 83252

2. Article Number

(Transfer from service label)

7012 1640 0001 3857 1895

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

X

Malden

☐ Agent

☒ Address

B. Received by (Printed Name)

Shauna Nolder

C. Date of Delivery

2-2-15

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 •

RECEIVED

FEB 04 2015

DEPARTMENT OF
WATER RESOURCES

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

15-9329

