

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:

Lacie and Anton Jensen
80 Reynolds St
Malad ID 83252

RECEIVED
OCT 20 2014

Department of Water Resources
Eastern Region

2. Article Number
(Transfer from service label)

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

Anton Jensen

☐ Agent
☐ Addressee
C. Date of Delivery

☒ Is delivery address different from item 12 ☐ 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

701-2630 0000 7156 2560

Domestic Return Receipt