

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

MAY 01 2014

Lynn Herbst
Department of Water Resources
Eastern Region
PO Box 21
Tendoy ID 83468

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Lynn A. Herbst

☐ Agent☐ Addressee

B. Received by (Printed Name)

Lynn A Herbst

C. Date of Delivery

4/30/14

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. A Number

(Transfer from service label)

7011 1570 0000 4527 6879

PS Form 3811, July 2013

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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1. Article Addressed to:

MAY 05 2014

Department of Water Resources
Eastern Region

Idaho Water Resource Board
PO Box 83720
Boise ID 83720-0098

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X RECEIVED BY

☐ 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. A Number

(Transfer from service label)

7011 1570 0000 4527 6831

PS Form 3811, July 2013

Domestic Return Receipt

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1. Article Addressed to:

RECEIVED

MAY 02 2014

Lemhi Irrigation District
260 Withington Creek Rd
Salmon ID 83467

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Ann L. Loucks

☒ Agent☐ Addressee

B. Received by (Printed Name)

A Loucks

C. Date of Delivery

4-30

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. A Number

(Transfer from service label)

7011 1570 0000 4527 6862

PS Form 3811, July 2013

Domestic Return Receipt

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1. Article Addressed to:

RECEIVED

MAY 01 2014

IDF&G - Salmon
99 Highway 93 North
Salmon ID 83467

Department of Water Resources
Eastern Region

2. Article Number
(Transfer from service label)

7011 1570 0000 4527 6855

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? ☐ 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

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1. Article Addressed to:

RECEIVED

MAY 01 2014

State of Idaho
Dept of Fish & Game
4279 Commerce Circle
Idaho Falls ID 83401-1726

Department of Water Resources
Eastern Region

2. Article Number
(Transfer from service label)

7011 1570 0000 4527 6848

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? ☐ 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

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1. Article Addressed to:

RECEIVED

MAY 09 2014

Deputy Attorney General
Ann Y. Vonde
PO Box 44449
Boise ID 83711-4449

Department of Water Resources
Eastern Region

2. Article Number
(Transfer from service label)

7011 1570 0000 4527 6824

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? ☐ 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