

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:

SEP 03 2014

Department of Water Resources
Eastern Region

Daniel C Evans
5071 S 4600 W
Malad City, ID 83252-6551

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Diana Evans

Agent
 Addressee

B. Received by (Printed Name)

Diana Evans

C. Date of Delivery

8/30/14

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. Article Number

(Transfer from service label)

7013 1090 0001 7436 0538

PS Form 3811, July 2013

Domestic Return Receipt

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1. Article Addressed to:

SEP 03 2014

Department of Water Resources
Eastern Region

John Christophersen
245 W 400 N
Malad ID 83252

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

K. Christophersen

Agent
 Addressee

B. Received by (Printed Name)

K. Christophersen

C. Date of Delivery

8/30/14

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. Article Number

(Transfer from service label)

7013 1090 0001 7436 0552

PS Form 3811, July 2013

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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1. Article Addressed to:

RECEIVED

SEP 03 2014

Department of Water Resources
Eastern Region

Samaria Water & Irrigation
3330 W Samaria Rd
Malad ID 83252-6619

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Mary Ann Reel

Agent
 Addressee

B. Received by (Printed Name)

Mary Ann Reel

C. Date of Delivery

8/30/14

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. Article Number

(Transfer from service label)

7013 1090 0001 7436 0545

PS Form 3811, July 2013

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