

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:

Peter Linn
Trudy Linn
1300 E 6000 S
Victor ID 83455

22-14034

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x ☐ Agent☐ Addressee

B. Received by (Printed Name)

PETER LINN

C. Date of Delivery

8-15-14

D. Is delivery address different from item 1? ☐ YesIf 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

7007 3020 0001 4041 4818

UNITED STATES POSTAL SERVICE

POCATELLO ID 832

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

15 AUG 2014 PM 1 T

- 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
AUG 18 2014
DEPARTMENT OF
WATER RESOURCES