

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:

Stephen Werk
4090 S Old Highway 191
Malad ID 83252

2. Article Number
(Transfer from service label)

7013 1090 0001 7436 0293

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

Patrick Werk

6-25-14

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

JUN 26 2014

Department of Water Resources
Eastern Region

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:

Jeff Alder
2154 S Old Highway 191
Malad ID 83252

2. Article Number
(Transfer from service label)

7013 1090 0001 7436 0279

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

J Alder

6-26-14

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

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1. Article Addressed to:

Sarah Warren
341 W 400 North
Malad ID 83252

2. Article Number
(Transfer from service label)

7013 1090 0001 7436 0286

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

S Warren

6-26-14

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

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1. Article Addressed to:

Arthur Martinez
300 S 5800 West
Pleasant View ID 83252

JUL 08 2014

Department of Water Resources
Eastern Region

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Arthur Martinez*
☐ Agent
☒ Addressee

B. Received by (Printed Name)

A Martinez

C. Date of Delivery

7-7-14

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 0323

PS Form 3811, July 2013

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Stephen Werk
3390 W Lone Mountain Rd
North Las Vegas NV 89031

JUN 30 2014

Department of Water Resources
Eastern Region

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Stephen Werk*
☐ Agent
☒ Addressee

B. Received by (Printed Name)

Stephen Werk

C. Date of Delivery

JUN 30 2014

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 0309

PS Form 3811, July 2013

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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- Print your name and address on the reverse so that we can return the card to you.
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1. Article Addressed to:

Arthur Martinez
1979 Cameron Dr
West Haven UT 84401

JUN 30 2014

Department of Water Resources
Eastern Region

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Arthur Martinez*
☐ Agent
☒ Addressee

B. Received by (Printed Name)

Arthur Martinez

C. Date of Delivery

JUN 26 2014

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 0316

PS Form 3811, July 2013

Domestic Return Receipt