

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:

KIRBY A. JENSEN
2781 NORTH 3375 WEST
MOORE ID 83255

2. Article Number

(Transfer from service label)

7012 1640 0001 3856 4781

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☒ Addressee

B. Received by (Printed Name)

Kirby Jensen

C. Date of Delivery

05-31-14

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

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1. Article Addressed to:

PARKINSON FARMS
2253 NORTH 3100 WEST
ARCO ID 83213

2. Article Number

(Transfer from service label)

7012 1640 0001 3856 4767

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☒ Addressee

B. Received by (Printed Name)

Ralph Stork

C. Date of Delivery

5-31

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

SENDER: COMPLETE THIS SECTION

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1. Article Addressed to:

JAMES P. SPECK
SPECK & AANESTAD
PO BOX 987
KETCHUM ID 83340

2. Article Number

(Transfer from service label)

7012 1640 0001 3856 4804

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☒ Addressee

B. Received by (Printed Name)

Opal Davis

C. Date of Delivery

6-2-14

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)

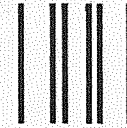
☐ Yes

UNITED STATES POSTAL SERVICE

UT 840

31 MAY '14

PM 1 L



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

• Sender: Please print your name, address, and ZIP+4 in this box •

DEPT. OF WATER RESOURCES

322 E. FRONT ST.

P. O. BOX 83720

BOISE, ID 83720-0098

RECEIVED

JUN 02 2014

DEPARTMENT OF
WATER RESOURCES

7200098

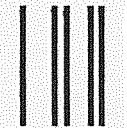


UNITED STATES POSTAL SERVICE

UT 840

31 MAY '14

PM 2 L



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

• Sender: Please print your name, address, and ZIP+4 in this box •

DEPT. OF WATER RESOURCES

322 E. FRONT ST.

P. O. BOX 83720

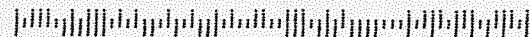
BOISE, ID 83720-0098

RECEIVED

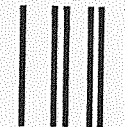
JUN 02 2014

DEPARTMENT OF
WATER RESOURCES

37200098



UNITED STATES POSTAL SERVICE



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

• Sender: Please print your name, address, and ZIP+4 in this box •

DEPT. OF WATER RESOURCES

322 E. FRONT ST.

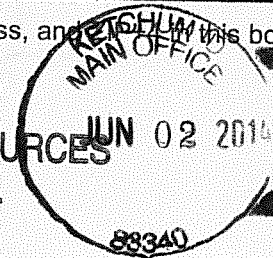
P. O. BOX 83720

BOISE, ID 83720-0098

RECEIVED

JUN 03 2014

DEPARTMENT OF
WATER RESOURCES



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1. Article Addressed to:

NORMAN K SOWARDS
3186 W 3000 N
MOORE ID 83255

dg T77610

2. Article Number

(Transfer from service label)

7012 1640 0001 3856 4798

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ 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☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

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

1. Article Addressed to:

DARRELL L. MCDONALD
PO BOX 246
ARCO ID 83213

dg T77610

2. Article Number

(Transfer from service label)

7012 1640 0001 3856 4774

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ 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☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

UNITED STATES POSTAL SERVICE

POCATELLO ID 832



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

02 JUN 2014 PM 1 T

- Sender: Please print your name, address, and ZIP+4 in this box •

DEPT. OF WATER RESOURCES

322 E. FRONT ST.

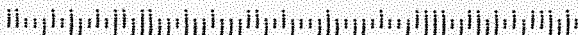
P. O. BOX 83720

BOISE ID 83720-0098

RECEIVED

JUN 04 2014

DEPARTMENT OF
WATER RESOURCES



UNITED STATES POSTAL SERVICE

POCATELLO ID 832



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

04 JUN 2014 PM 1 T

- Sender: Please print your name, address, and ZIP+4 in this box •

DEPT. OF WATER RESOURCES

322 E. FRONT ST.

P. O. BOX 83720

BOISE, ID 83720-0098

RECEIVED

JUN 11 2014

DEPARTMENT OF
WATER RESOURCES

