

7008 3230 0000 3731 4652

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

|                                                   |                |
|---------------------------------------------------|----------------|
| Postage                                           | \$ .69         |
| Certified Fee                                     | 3.30           |
| Return Receipt Fee<br>(Endorsement Required)      | 2.70           |
| Restricted Delivery Fee<br>(Endorsement Required) |                |
| <b>Total Postage &amp; Fees</b>                   | <b>\$ 6.69</b> |

Sent  
2.18.2014  
Postmark  
Here

Sent To **Matthew C Gardiner**  
 Street, Apt. No.,  
 or PO Box No. **234 S 100 W**  
 City, State, ZIP+4 **St. George, UT 84770**  
 PS Form 3800, August 2006 See Reverse for Instructions

Transfer  
78632

7008 3230 0000 3731 4614

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
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For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

|                                                   |                |
|---------------------------------------------------|----------------|
| Postage                                           | \$ .69         |
| Certified Fee                                     | 3.30           |
| Return Receipt Fee<br>(Endorsement Required)      | 2.70           |
| Restricted Delivery Fee<br>(Endorsement Required) |                |
| <b>Total Postage &amp; Fees</b>                   | <b>\$ 6.69</b> |

Sent  
2.18.2014  
Postmark  
Here

Sent To **Racine Olson Nye, et al**  
 Street, Apt. No.,  
 or PO Box No. **PO Box 1391**  
 City, State, ZIP+4 **Pocatello, ID 83204-1391**  
 PS Form 3800, August 2006 See Reverse for Instructions

7008 3230 0000 3731 4645

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

|                                                   |                |
|---------------------------------------------------|----------------|
| Postage                                           | \$ .69         |
| Certified Fee                                     | 3.30           |
| Return Receipt Fee<br>(Endorsement Required)      | 2.70           |
| Restricted Delivery Fee<br>(Endorsement Required) |                |
| <b>Total Postage &amp; Fees</b>                   | <b>\$ 6.69</b> |

Sent  
2.18.2014  
Postmark  
Here

Sent To **J7 LLC; Jeff Johnson**  
 Street, Apt. No.,  
 or PO Box No. **PO Box 147**  
 City, State, ZIP+4 **Malta, ID 83342**  
 PS Form 3800, August 2006 See Reverse for Instructions

7008 3230 0000 3731 4669

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

|                                                   |                |
|---------------------------------------------------|----------------|
| Postage                                           | \$ .69         |
| Certified Fee                                     | 3.30           |
| Return Receipt Fee<br>(Endorsement Required)      | 2.70           |
| Restricted Delivery Fee<br>(Endorsement Required) |                |
| <b>Total Postage &amp; Fees</b>                   | <b>\$ 6.69</b> |

*Sent*  
*2.18.2014*

Postmark  
Here

Sent To  
 Holden Kidwell Hahn, Crapo  
 Street, Apt. No.,  
 or PO Box No. PO Box 50130  
 City, State, ZIP+4  
 Idaho Falls, ID 83405

PS Form 3800, August 2006

See Reverse for Instructions

*Transfer*  
*78632*

7008 3230 0000 3731 4607

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

|                                                   |               |
|---------------------------------------------------|---------------|
| Postage                                           | \$ .69        |
| Certified Fee                                     | 3.30          |
| Return Receipt Fee<br>(Endorsement Required)      | 2.70          |
| Restricted Delivery Fee<br>(Endorsement Required) |               |
| <b>Total Postage &amp; Fees</b>                   | <b>\$6.69</b> |

*Sent*  
*2.18.2014*

Postmark  
Here

Sent To  
 Pinnacle Great Plains Operating  
 Street, Apt. No.,  
 or PO Box No. 10333 N Meridian, Ste 425  
 City, State, ZIP+4  
 Indianapolis, IN 46290

PS Form 3800, August 2006

See Reverse for Instructions

7008 3230 0000 3731 4621

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

|                                                   |                |
|---------------------------------------------------|----------------|
| Postage                                           | \$ .69         |
| Certified Fee                                     | 3.30           |
| Return Receipt Fee<br>(Endorsement Required)      | 2.70           |
| Restricted Delivery Fee<br>(Endorsement Required) |                |
| <b>Total Postage &amp; Fees</b>                   | <b>\$ 6.69</b> |

*Sent*  
*2.18.2014*

Postmark  
Here

Sent To  
 Earl Garth Steed  
 Street, Apt. No.,  
 or PO Box No. 3239 E 1443 S  
 City, State, ZIP+4  
 Malta, ID 83342

PS Form 3800, August 2006

See Reverse for Instructions

7008 3230 0000 3731 4638

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

|                                                   |         |
|---------------------------------------------------|---------|
| Postage                                           | \$ .69  |
| Certified Fee                                     | 3.30    |
| Return Receipt Fee<br>(Endorsement Required)      | 2.70    |
| Restricted Delivery Fee<br>(Endorsement Required) |         |
| Total Postage & Fees                              | \$ 6.69 |

Sent  
2.18.2014

Postmark  
Here

Transfer  
78632

Sent To

Bruce Steed

Street, Apt. No.,  
or PO Box No.

2354 E 2775 S

City, State, ZIP+4

Malta, ID 83342

PS Form 3800, August 2006

See Reverse for Instructions

| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                                                                    |  | COMPLETE THIS SECTION ON DELIVERY                                                                                                                     |                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| <ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> |  | A. Signature<br>x <i>Gardiner</i> <span style="float: right;"><input type="checkbox"/> Agent<br/><input checked="" type="checkbox"/> Addressee</span> |                     |
| 1. Article Addressed to:<br><br><div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> MATTHEW C GARDINER<br/> 234 S 100 W<br/> ST GEORGE, UT 84770 </div>                                                                                                                                                         |  | B. Received by (Printed Name)<br><i>G</i>                                                                                                             | C. Date of Delivery |
| 2. Article Number<br>(Transfer from service label)                                                                                                                                                                                                                                                                               |  | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No       |                     |
| 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.                                   |  | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes                                                                                      |                     |
| 7008 3230 0000 3731 4652                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                       |                     |

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154Q

UNITED STATES POSTAL SERVICE  
PROVO UT 84601  
21 FEB 2014 PM 1 T

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-40

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

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
650 ADDISON AVE W, STE 500  
TWIN FALLS, ID 83301

RETURN SERVICE REQUESTED

RECEIVED  
FEB 24 2014  
DEPT. OF WATER RESOURCES  
SOUTHERN REGION

78632

**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:

RACINE OLSON NYE BUDGE BAILEY  
ATTN: TJ BUDGE  
PO BOX 1391  
POCATELLO, ID 83204-1391

2. Article Number  
(Transfer from service label)

7008 3230 0000 3731 4614

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*[Signature]*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

*Jake Lewis*

C. Date of Delivery

*2/21/14*

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

21 FEB 2014 PM 1 T

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

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

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
650 ADDISON AVE W, STE 500  
TWIN FALLS, ID 83301

RETURN SERVICE REQUESTED

RECEIVED

FEB 24 2014

DEPT. OF WATER RESOURCES  
SOUTHERN REGION

*78632*

| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                                                              |  | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                              |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> |  | A. Signature<br>X <i>Jeannette Johnson</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee                                                                                                                                                                                   |  |
| 1. Article Addressed to:<br><br><div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> J7 LLC<br/> C/O JEFFREY C JOHNSON<br/> PO BOX 147<br/> MALTA, ID 83342-0147 </div>                                                                                                                                    |  | B. Received by (Printed Name) <i>Jeannette Johnson</i> C. Date of Delivery <i>2/19/14</i><br>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If YES, enter delivery address below                                                    |  |
|                                                                                                                                                                                                                                                                                                                            |  | <b>RECEIVED</b><br><b>FEB 20 2014</b><br>DEPT. OF WATER RESOURCES<br>SOUTHERN REGION                                                                                                                                                                                                           |  |
|                                                                                                                                                                                                                                                                                                                            |  | 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. |  |
|                                                                                                                                                                                                                                                                                                                            |  | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes                                                                                                                                                                                                                               |  |
| 2. Article Number<br>(Transfer from service label)                                                                                                                                                                                                                                                                         |  | 7008 3230 0000 3731 4645                                                                                                                                                                                                                                                                       |  |
| PS Form 3811, February 2004                                                                                                                                                                                                                                                                                                |  | Domestic Return Receipt 102595-02-M-1540                                                                                                                                                                                                                                                       |  |

|                                                                                                                                                                                                                                                                                     |                                                                                     |                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| UNITED STATES POSTAL SERVICE                                                                                                                                                                                                                                                        |  | First-Class Mail<br>Postage & Fees Paid<br>USPS<br>Permit No. G-10 |
| <p>• Sender: Please print your name, address, and ZIP+4 in this box •</p> <p><b>STATE OF IDAHO</b><br/> <b>DEPARTMENT OF WATER RESOURCES</b><br/> <b>650 ADDISON AVE W, STE 500</b><br/> <b>TWIN FALLS, ID 83301</b></p> <p><b>RETURN SERVICE REQUESTED</b></p> <p><i>78632</i></p> |                                                                                     |                                                                    |
| <b>RECEIVED</b><br><b>FEB 20 2014</b><br>DEPT. OF WATER RESOURCES<br>SOUTHERN REGION                                                                                                                                                                                                |                                                                                     |                                                                    |

| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                                                                    |  | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                              |                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| <ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> |  | A. Signature<br> <input checked="" type="checkbox"/> Agent<br><input type="checkbox"/> Addressee                                                                                                             |                                |
| 1. Article Addressed to:<br><br>HOLDEN KIDWELL HAHN & CRAPO<br>ROBERT L HARRIS &/OR<br>LUKE MARCHANT<br>PO BOX 50130<br>IDAHO FALLS, ID 83405                                                                                                                                                                                    |  | B. Received by (Printed Name)<br>Kendra Jeffs                                                                                                                                                                                                                                                  | C. Date of Delivery<br>2-20-14 |
| 2. Article Number<br>(Transfer from service label)                                                                                                                                                                                                                                                                               |  | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No                                                                                                                                                |                                |
|                                                                                                                                                                                                                                                                                                                                  |  | 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. |                                |
|                                                                                                                                                                                                                                                                                                                                  |  | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes                                                                                                                                                                                                                               |                                |
|                                                                                                                                                                                                                                                                                                                                  |  | 7008 3230 0000 3731 4669                                                                                                                                                                                                                                                                       |                                |

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

UNITED STATES POSTAL SERVICE  
POCATELLO ID 832

21 FEB 2014 PM 1 T

First Class Mail  
Postage & Fees Paid  
USPS  
Permit No. 0-40

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

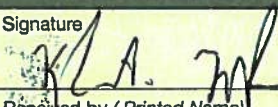
STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
650 ADDISON AVE W, STE 500  
TWIN FALLS, ID 83301

78632

RETURN SERVICE REQUESTED FEB 24 2014

DEPT. OF WATER RESOURCES  
SOUTHERN REGION

RECEIVED

| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                                                                    |  | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                                |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> |  | A. Signature<br>X  <input type="checkbox"/> Agent<br><input type="checkbox"/> Addressee                                                                                                                        |  |
| 1. Article Addressed to:<br><br>PINNACLE GREAT PLAINS<br>OPERATING CO LLC<br>10333 N MERIDIAN ST, STE 425<br>INDIANAPOLIS, IN 46290                                                                                                                                                                                              |  | B. Received by (Printed Name) C. Date of Delivery<br><br>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below. <input type="checkbox"/> No<br><b>RECEIVED</b><br><b>FEB 28 2014</b><br>DEPT. OF WATER RESOURCES<br>SOUTHERN REGION |  |
| 2. Article Number<br>(Transfer from service label)                                                                                                                                                                                                                                                                               |  | 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.   |  |
| 7008 3230 0000 3731 4607                                                                                                                                                                                                                                                                                                         |  | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes                                                                                                                                                                                                                                 |  |
| PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                  |  |

|                                                                                                                                                                                                                                                                              |                                                                                     |                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| UNITED STATES POSTAL SERVICE                                                                                                                                                                                                                                                 |  | First-Class Mail<br>Postage & Fees Paid<br>USPS<br>Permit No. G-10 |
| <p>• Sender: Please print your name, address, and ZIP+4 in this box •</p> <p><b>STATE OF IDAHO</b><br/> <b>DEPARTMENT OF WATER RESOURCES</b><br/> <b>650 ADDISON AVE W, STE 500</b><br/> <b>TWIN FALLS, ID 83301</b></p> <p><b>RETURN SERVICE REQUESTED</b></p> <p>78632</p> |                                                                                     |                                                                    |

| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                                                                    |  | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                              |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> |  | A. Signature<br>X <i>Gavin Steed</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee                                                                                                                                                                                         |  |
| 1. Article Addressed to:<br><br><div style="border: 1px solid black; padding: 5px; width: fit-content;"> EARL GARTH STEED<br/> 3239 E 1443 S<br/> MALTA, ID 83342 </div>                                                                                                                                                         |  | B. Received by (Printed Name) <i>Gavin Steed</i> C. Date of Delivery <i>3/10/14</i>                                                                                                                                                                                                            |  |
| 2. Article Number<br>(Transfer from service label)                                                                                                                                                                                                                                                                               |  | D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If YES, enter delivery address below:                                                                                                                                                |  |
| PS Form 3811, February 2004                                                                                                                                                                                                                                                                                                      |  | 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. |  |
| 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                |  |
|                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                |  |

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 •

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
650 ADDISON AVE W, STE 500  
TWIN FALLS, ID 83301

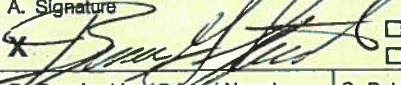
RETURN SERVICE REQUESTED

RECEIVED

MAR 11 2014

DEPT. OF WATER RESOURCES  
SOUTHERN REGION

78632

| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                                                              |  | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                                                                       |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> |  | <p>A. Signature<br/> </p> <p>B. Received by (Printed Name)<br/>           BRUCE STEED</p> <p>C. Date of Delivery<br/>           2/25/14</p> <p>D. Is delivery address different from item 1?<br/>           If YES, enter delivery address below:</p> |  |
| <p>1. Article Addressed to:</p> <p>BRUCE STEED<br/>           2354 E 2775 S<br/>           MALTA, ID 83342</p>                                                                                                                                                                                                             |  | <p>FEB 26 2014<br/>           DEQ - TFRO</p>                                                                                                                                                                                                                                                                                            |  |
| <p>2. Article Number<br/>           (Transfer from service label)</p>                                                                                                                                                                                                                                                      |  | <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail    <input type="checkbox"/> Express Mail<br/> <input type="checkbox"/> Registered    <input checked="" type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Insured Mail    <input type="checkbox"/> C.O.D.</p>                  |  |
| <p>4. Restricted Delivery? (Extra Fee)</p>                                                                                                                                                                                                                                                                                 |  | <p><input type="checkbox"/> Yes</p>                                                                                                                                                                                                                                                                                                     |  |
| <p>7008 3230 0000 3731 4638</p>                                                                                                                                                                                                                                                                                            |  | <p>PS Form 3811, February 2004    Domestic Return Receipt    102595-02-M-1540</p>                                                                                                                                                                                                                                                       |  |

UNITED STATES POSTAL SERVICE    PERMIT NO. 807

25 FEB 2014 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 •

STATE OF IDAHO  
 DEPARTMENT OF WATER RESOURCES  
 650 ADDISON AVE W, STE 500  
 TWIN FALLS, ID 83301

RETURN SERVICE REQUESTED

78632

RECEIVED  
 MAR 13 2014  
 DEPT. OF WATER RESOURCES  
 SOUTHERN REGION