

7008 3230 0000 3731 4379

U.S. Postal Service TM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$.46	78283
Certified Fee	3.10	
Return Receipt Fee (Endorsement Required)	2.55	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 6.11	Postmark Here sent 5.23.2013

Sent To **Buckeye Farms Inc.**
 Street, Apt. No., or PO Box No. **PO Box 269**
 City, State, ZIP+4 **Hagerman, ID 83332**

PS Form 3800, August 2006 See Reverse for Instructions

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:

BUCKEYE FARMS INC
 PO BOX 269
 HAGERMAN, ID 83332

2. Article Number
 (Transfer from service label)

7008 3230 0000 3731 4379

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

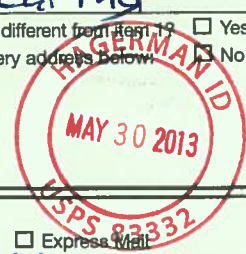
A. Signature ☒ Agent
☒ Addressee

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



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
 1341 FILLMORE ST., STE 200
 TWIN FALLS, ID 83301

RETURN SERVICE REQUESTED

RECEIVED

MAY 31 2013

DEPT. OF WATER RESOURCES
 SOUTHERN REGION

78283



U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT
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Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11

78283

Postmark
Here

Sent
5-23-2013

Sent To **Barker Rosholt & Simpson**
Street, Apt. No.,
or PO Box No. **PO Box 2139**
City, State, ZIP+4 **Boise, ID 83701-2139**
PS Form 3800, August 2006 See Reverse for Instructions

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:

**BARKER ROSHOLT & SIMPSON LLP
ATTN JOHN K SIMPSON
1010 W JEFFERSON STE 102
PO BOX 2139
BOISE, ID 83701-2139**

2. Article Number

(Transfer from service label)

7008 3230 0000 3731 4393

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

A Barker

C. Date of Delivery

MAY 24 2013

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

BOISE ID 837

24 MAY 2013 PM 1 T

First-Class Mail[®]
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USPS
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- Sender: Please print your name, address, and ZIP+4 in this box •

**STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
1341 FILLMORE ST., STE 200
TWIN FALLS, ID 83301**

RETURN SERVICE REQUESTED

RECEIVED

MAY 28 2013

**DEPT. OF WATER RESOURCES
SOUTHERN REGION**

78283

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Return Receipt Fee
(Endorsement Required) 2.55
Restricted Delivery Fee
(Endorsement Required)
Total Postage & Fees \$ 6.11

78283

Postmark
Here

Sent
5.23.2013

Sent To

Barker Rosholt & Simpson

Street, Apt. No.,
or PO Box No. 195 River Vista, Ste 204

City, State, ZIP+4 Twin Falls, ID 83301

PS Form 3800 August 2006

See Reverse for Instructions

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1. Article Addressed to:

BARKER ROSHOLT & SIMPSON LLP
ATTN PAUL ARRINGTON
195 RIVER VISTA PL STE 204
TWIN FALLS, ID 83301

2. Article Number

(Transfer from service label)

7008 3230 0000 3731 4409

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Jessica Nielsen

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Jessica Nielsen

C. Date of Delivery

5/24/13

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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Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11

Postmark
Here

78283
Sent
5.23.2013

Sent To	Verl Bell
Street, Apt. No., or PO Box No.	853 E 2830 S
City, State, ZIP+4	Hagerman, ID 83332

PS Form 3800, August 2006 See Reverse for Instructions

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.
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1. Article Addressed to:

VERL C BELL
853 E 2830 S
HAGERMAN, ID 83332

2. Article Number
(Transfer from service label)

7008 3230 0000 3731 4386

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Verl Bell*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Verl Bell

C. Date of Delivery

5.24.13

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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STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
1341 FILLMORE ST., STE 200
TWIN FALLS, ID 83301

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MAY 28 2013

DEPT. OF WATER RESOURCES
SOUTHERN REGION