

**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:

CITY OF POCATELLO  
C/O JOSEPHINE BEEMAN  
BEEMAN & ASSOCIATES  
409 W JEFFERSON ST  
BOISE ID 83702

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Debra Cline*  Agent  Addressee

B. Received by (Printed Name)

*Debra Cline*

C. Date of Delivery

*5-2*

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

RECEIVED

MAY 03 2013

DEPARTMENT OF

WATER RESOURCES

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number

(Transfer from service label)

7012 1640 0001 3856 7799