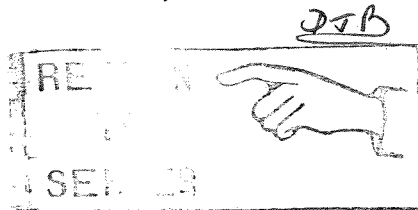


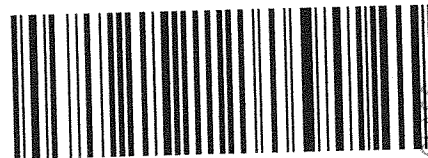
STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
322 East Front Street, P.O. Box 83720
Boise, Idaho 83720-0098

Return Service Requested

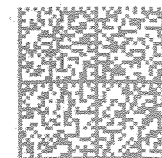
Mail Resent Certified to:
PO Box 25
Kootenai ID 83840
per auc map
updated 5/24/12



96-9376



7007 3020 0001 4040 8626



02 1M
0008003730
\$ 06.11⁰
MAR 07 2013
MAILED FROM ZIP CODE 83702

Box

SUSEN FAY
2732 LOWER PACK RIVER RD
SANDPOINT ID 83864-5091

RECEIVED

MAR 18 2013

DEPARTMENT OF
WATER RESOURCES

NMR

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

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

OFFICIAL USE

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

4/3/2013

Postmark
Here

DWB

Sent To *Susan Fay*
Street, Apt. No.,
or PO Box No. *PO Box 25*
City, State, ZIP+4 *Kootenai ID 83840*

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:

Susan Fay
2732 Lower Pack River RD
Sandpoint ID 83864-5091

96-9376

2. Article Number

(Transfer from service label)

7087 3020 0001 4040 8626

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ 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

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540