

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:

James W Mechem
PO Box 3119
Twin Falls ID
83303-3119

37-7861

2. Article Number

(Transfer from service label)

7007 3020 0001 4040 8701

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Jim Mechem

☐ Agent☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

Jim Mechem

3-21-13

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below. ☐ No

RECEIVED
MAR 22 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