

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:

Morgan Wright
SW 955 Alcora DR
Pullman WA 99163

81-12002

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *AMW*

☐ Agent☒ Addressee

B. Received by (Printed Name)

A Morgan Wright

C. Date of Delivery

3-14-13

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

RECEIVED
MAR 18 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

7007 3020 0001 4040 8640

Domestic Return Receipt

102595-02-M-1540