

7008 3230 0000 3731 4348

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

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

OFFICIAL USE

Postage	\$.46	<i>Transfer</i> <i>78316</i> Postmark Here <i>Sent</i> <i>3-21-2013</i>
Certified Fee	3.10	
Return Receipt Fee (Endorsement Required)	2.55	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 6.11	

Sent To **Edward M Rosa**
Street, Apt. No.,
or PO Box No. **2153 US Hwy 26**
City, State, ZIP+4 **Gooding, ID 83330**
PS Form 3800, August 2006 See Reverse for Instructions

37-7447A

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:

**EDWARD M ROSA
2153 US HWY 26
GOODING, ID 83330**

2. Article Number
(Transfer from service label)

7008 3230 0000 3731 4348

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X *Edward M. Rosa* ☐ Addressee

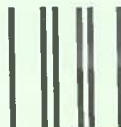
B. Received by (Printed Name) *Edward M. Rosa* C. Date of Delivery

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

MAR 27 2013

DEPT. OF WATER RESOURCES
SOUTHERN REGION

X-Per 78316

