

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

DEPT. OF WATER RESOURCES
SOUTHERN REGION

RECEIVED

MAR 19 2013

73369

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	\$.66
Certified Fee	3.10
Return Receipt Fee (Endorsement Required)	2.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.31

X-fer
73369
Postmark
Here

Sent
3.8.2013

Sent To
Danford & Shaunna Crane
Street, Apt. No.,
or PO Box No. 3772 N 3600 E
City, State, ZIP+4
Kimberly, ID 83341

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:

DANFORD L CRANE II
SHAUNNA CRANE
3772 N 3600 E
KIMBERLY, ID 83341

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) *Shaunna Crane* C. Date of Delivery *3-16-13*
- D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

2. Article Number

(Transfer from service label)

7008 3230 0000 3731 4331

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SUPPORT DATA

IN FILE # 45-2075