

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:

Michael K Peters
N Lynne Peters
PO Box 924
Hayden Lake ID 83835

95-12781

2. Article Number

(Transfer from service label)

7007 3020 0001 4040 6554

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Lynne Peters

☐ Agent☐ Addressee

B. Received by (Printed Name)

Lynne Peters

C. Date of Delivery

10/6/12

D. Is delivery address different from item 1? ☐ YesIf 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 •

Idaho Dept of Water Resources
Attn: Darla Block
PO Box 83720
Boise ID 83720-0098

RECEIVED

OCT 10 2012



DEPARTMENT OF
WATER RESOURCES