

| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                     |  | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                                |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> |  | <p>A. Signature<br/>X <i>Lone Stuart</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>                                                                                                                                                                        |  |
| <p>1. Article Addressed to:</p> <p><b>RECEIVED</b><br/><b>APR 23 2012</b><br/>Department of Water Resources<br/>Eastern Region</p> <p>E. Marlowe Goble<br/>1125 Cedar Heights Dr<br/>Logan UT 84341</p>                                                                           |  | <p>B. Received by (Printed Name) <i>Lone Stuart</i> C. Date of Delivery <i>4-19-12</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>If YES, enter delivery address below:</p>                                               |  |
| <p>2. Article Number (from service label)</p> <p>7010 18 7 0000 7029 0053</p>                                                                                                                                                                                                     |  | <p>3. Service Type<br/> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br/> <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> |  |
| <p>PS Form 3811, February 2004</p>                                                                                                                                                                                                                                                |  | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>Domestic Return Receipt 102595-02-M-1540</p>                                                                                                                                                                          |  |

| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                     |  | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                                |  |
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| <p>1. Article Addressed to:</p> <p><b>RECEIVED</b><br/><b>APR 20 2012</b><br/>Department of Water Resources<br/>Eastern Region</p> <p>Advisory Board for Water District 32C<br/>573 Medicine Lodge Rd<br/>Dubois ID 83423</p>                                                     |  | <p>B. Received by (Printed Name) <i>Ted Stuart</i> C. Date of Delivery <i>4/19/12</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br/>If YES, enter delivery address below:</p>                                     |  |
| <p>2. Article Number (from service label)</p> <p>7010 1870 0000 7029 0060</p>                                                                                                                                                                                                     |  | <p>3. Service Type<br/> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br/> <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> |  |
| <p>PS Form 3811, February 2004</p>                                                                                                                                                                                                                                                |  | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>Domestic Return Receipt 102595-02-M-1540</p>                                                                                                                                                                          |  |