

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ 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.	A. Signature ☒ <i>Brent L. Clark</i> ☐ Agent ☒ Addressee B. Received by (Printed Name) C. Date of Delivery <i>Brent L. Clark</i> <i>04/13/12</i> D. Is delivery address different from item 1? ☒ Yes If YES, enter delivery address below: ☐ No <i>PO Box 173 Mt. Vernon, OR. 97845</i>
1. Article Addressed to: RECEIVED APR 17 2012 Department of Water Resources Eastern Region Brent Clark Two Buck Chuck Lane 54778 Happy Valley Ln Mount Vernon OR 97865	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label)	7010 1870 0000 7028 8098
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

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1. Article Addressed to: RECEIVED APR 23 2012 Department of Water Resources Eastern Region Vic Riches 10410 W Loyola Dr Los Altos CA 94024	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label)	7010 1870 0000 7029 0015
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

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1. Article Addressed to: RECEIVED APR 12 2012 Department of Water Resources Eastern Region David Reel 5176 S 4400 W Malad ID 83252	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label)	7010 1870 0000 7028 8081
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

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1. Article Addressed to:

Marlynn Holgate
4106 W Samaria Rd
Malad ID 83252

2. Article Number
(Transmit from service label)

7010 1870 0000 7028 8135

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

*Karen Holgate

☒ Agent
☐ Addressee

B. Received by (Printed Name)

Karen Holgate

C. Date of Delivery

4-11-12

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

APR 12 2012

Department of Water Resources
Eastern Region

3. Service Type

☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

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1. Article Addressed to:

Kody Warren
5106 S 4400 W
Malad ID 83252

RECEIVED
APR 13 2012Department of Water Resources
Eastern Region2. Article Number
(Transmit from service label)

7010 1870 0000 7028 8111

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

*Brandi Warren

☐ Agent
☐ Addressee

B. Received by (Printed Name)

Brandi Warren

C. Date of Delivery

4-12-12

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

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1. Article Addressed to:

Brad Warren
5199 S 4600 West
Malad ID 83252

APR 13 2012

Department of Water Resources
Eastern Region2. Article Number
(Transmit from service label)

7010 1870 0000 7028 8128

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

*Vickie Warren

☐ Agent
☐ Addressee

B. Received by (Printed Name)

Vickie Warren

C. Date of Delivery

4-12-12

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

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1. Article Addressed to:

Darhl U Hughes
5196 S 4400 W
Malad ID 83252

RECEIVED

APR 16 2012

Department of Water Resources
Eastern Region

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Darhl Hughes

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Darhl U Hughes

C. Date of Delivery

4 12 12

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

2. Article Number
(If from service label)

7010 1870 0000 7028 8104

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540