

7008 3230 0000 3730 4287

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	\$ 1.10
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$6.40

Postmark
Here

Sent 3/27/12

Sent To Denise Matthews
 Street, Apt. No.,
 or PO Box No. 104 Winged Foot
 City, State, ZIP+4 Jerome, Id 83338

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:

**DENISE MATTHEWS
 104 WINGED FOOT
 JEROME, ID 83338**

2. Article Number

(Transfer from service label)

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PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

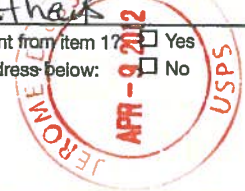
X Denise Matthews ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

Denise Matthews

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

RECEIVED

First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

DEPT. OF WATER RESOURCES
 SOUTHERN REGION

**IDAHO DEPARTMENT OF WATER RESOURCES
 1341 FILLMORE STREET, SUITE 200
 TWIN FALLS, ID 83301-3380**

71522

