

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:

Linda Williams
Box 403
Bayview ID
83803

2. Article Number

(Transfer from service label)

7007 1490 0001 6752 3051

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-11

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Linda Williams* ☐ Agent ☒ Address

B. Received by (Printed Name)

Linda Williams

C. Date of Delivery

7-20-09

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

SENDER: COMPLETE THIS SECTION

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- 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:

Judith Adams
410 Eugene Morr
1201 Sunset Rd
Athol ID 83801

2. Article Number

(Transfer from service label)

7007 1490 0001 6752 3044

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-11

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Eugene Morr* ☐ Agent ☒ Address

B. Received by (Printed Name)

Eugene Morr

C. Date of Delivery

7/27/09

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

JUL 20 2009

IDWR/NORTH

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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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Susan Bourguignon
1201 Sunset Rd
Athol, ID 83801

2. Article Number

(Transfer from service label)

7007 1490 0001 6752 2832

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-11

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Susan Bourguignon* ☐ Agent ☒ Address

B. Received by (Printed Name)

Eugene Morr

C. Date of Delivery

7/29/09

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

JUL 30 2009

IDWR/NORTH

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

20 JUL 2009 PM 1 T

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

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

RECEIVED

JUL 21 2009

IDWR/North

DEPT OF WATER RESOURCES
7600 N MINERAL DR - STE 100
COEUR D ALENE ID 83815-7763

763



UNITED STATES POSTAL SERVICE

17 JUL 2009 PM 3 T

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
7600 N MINERAL DR - STE 100
COEUR D ALENE ID 83815-7763

763



UNITED STATES POSTAL SERVICE

20 JUL 2009 PM 1 T

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

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

RECEIVED

JUL 30 2009

IDWR/North

DEPT OF WATER RESOURCES
7600 N MINERAL DR - STE 100
COEUR D ALENE ID 83815-7763



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
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1. Article Addressed to:

Linda Williams
PO Box 403
Bayview, ID 83803

2. Article Number

(Transfer from service label)

7007 1490 0001 6752 2863

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Linda Williams ☐ Agent ☐ Address

B. Received by (Printed Name)

Linda Williams

C. Date of Delivery

7/29/09

D. Is delivery address different from item 1?

☐ YesIf YES, enter delivery address below: ☐ No

RECEIVED
JUL 30 2009
IDWR/NORTH

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

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- 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:

Susan Bourguignon
1201 Sunset Rd
Athol ID 83801

2. Article Number

(Transfer from service label)

7006 3450 0002 3339 5954

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Susan Bourguignon ☐ Agent ☐ Address

B. Received by (Printed Name)

Susan Bourguignon

C. Date of Delivery

7/17/09

D. Is delivery address different from item 1?

☐ YesIf YES, enter delivery address below: ☐ No

RECEIVED
MAY 14 2009
IDWR/NORTH

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

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1. Article Addressed to:

Susan Bourguignon
1201 Sunset Rd
Athol ID 83801

2. Article Number

(Transfer from service label)

7007 1490 0001 6752 3068

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Susan Bourguignon ☐ Agent ☐ Address

B. Received by (Printed Name)

Susan Bourguignon

C. Date of Delivery

7/17/09

D. Is delivery address different from item 1?

☐ YesIf YES, enter delivery address below: ☐ No

RECEIVED
JUL 20 2009
IDWR/NORTH

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

29 JUL 2009 PM 1 T

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

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

RECEIVED
JUL 30 2009
IDWR/North

DEPT OF WATER RESOURCES
7600 N MINERAL DR - STE 100
COEUR D ALENE ID 83815-7763



UNITED STATES POSTAL SERVICE

11 MAY 2009 PM 3 L

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
7600 N MINERAL DR - STE 100
COEUR D ALENE ID 83815-7763



UNITED STATES POSTAL SERVICE

17 JUL 2009 PM 3 L

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
7600 N MINERAL DR - STE 100
COEUR D ALENE ID 83815-7763



SENDER: COMPLETE THIS SECTION

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1. Article Addressed to:

Joan Tope
132 Sunset Rd
Athol ID 83801

2. Article Number

(Transfer from service label)

7006 3450 0002 3339 5985

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Joan Tope*

☐ Agent☐ Address

B. Received by (Printed Name)

JOAN TOPE

C. Date of Delivery

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

MAY 14 2009

IDWR/North

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Philip W & Patsy Barnhart
486 Kripple Creek
Athol ID 83801

2. Article Number

(Transfer from service label)

7006 3450 0002 3339 5947

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-11

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Patsy Barnhart

☐ Agent☐ Address

B. Received by (Printed Name)

Patsy Barnhart

C. Date of Delivery

5/12/09

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

RECEIVED

MAY 13 2009

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

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- 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:

Judith L Adams
c/o Eugene Murr
1201 Sunset Rd
Athol ID 83801

Barnhart

2. Article Number

(Transfer from service label)

7006 3450 0002 3339 5978

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-11

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Judith L Adams*

☐ Agent☐ Address

B. Received by (Printed Name)

JUDITH L ADAMS

C. Date of Delivery

MAY 11 2009

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

RECEIVED

MAY 12 2009

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 WWA 992

11 MAY 2009 PM 2 L

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
7600 N MINERAL DR – STE 100
COEUR D ALENE ID 83815-7763**

63



UNITED STATES POSTAL SERVICE WWA 992

11 MAY 2009 PM 1 L

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
7600 N MINERAL DR – STE 100
COEUR D ALENE ID 83815-7763**

763



UNITED STATES POSTAL SERVICE WWA 992

11 MAY 2009 PM 2 L

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
7600 N MINERAL DR – STE 100
COEUR D ALENE ID 83815-7763**

SENDER: COMPLETE THIS SECTION

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1. Article Addressed to:

Linda Williams
PO Box 403
Bayview ID 83803

2. Article Number
(Transfer from service label)

7006 3450 0002 3339 5961

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Linda Williams* ☐ Agent ☒ Address

B. Received by (Printed Name)

Linda Williams

C. Date of Delivery

5/12/09

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

MAY 13 2009

IDWR / NORTH

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

Domestic Return Receipt

102595-02-M-1

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 •

**DEPT OF WATER RESOURCES
7600 N MINERAL DR - STE 100
COEUR D ALENE ID 83815-7763**

783

