

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
PO Box 62
Albion, ID 83311

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x

Denise Matthews

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Denise D Matthews

C. Date of Delivery

3/19/12

D. Is delivery address different from item 1? ☒ Yes

If YES, enter delivery address below: ☐ No

*104 Winged Foot
Jerome, ID 83338*

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)

700A 3230 0000 3731 4232

PS Form 3811, February 2004

Domestic Return Receipt

PSN 95-02-M-1540

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

RECEIVED

MAR 21 2012

DEPT. OF WATER RESOURCES
SOUTHERN REGION

71522

Transfer #