

**SENDER: COMPLETE THIS SECTION**

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

LENARD A SCHRITTER  
PO BOX 449  
ABERDEEN ID 83210

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *x M. T. S. A.* ☐ Agent  
B. Received by (Printed Name) *Michael S. A.* ☐ Addressee  
C. Date of Delivery  
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  
(Transfer from service label)

7005 1820 0005 1526 0989

Domestic Return Receipt

102595-02-M-1540

**CERTIFIED MAIL™**



POSTNET ID 83210

TO  
SENDER

UNDELIVERABLE AS ADDRESSED  
FORWARDING ORDER EXPIRES

U.S. POSTAGE

121

PB3523907

8962 \$04.64 DEC 26 2006

MAILED FROM ZIP CODE 83402

7002 3150 0005 3816 5057 483

**RECEIVED**

**DEC 28 2006**

Department of Water Resources  
Eastern Region

LENARD A SCHRITTER  
2948 WEST 2100 SOUTH  
ABERDEEN ID 83210

83210+1847

PO01

