

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:

Howard Rude
6426 Maple Wood Ave
Post Falls ID 83854

95-11766

2. Article Number

(Transfer from service label)

7009 0820 0000 2804 6512

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Delvona Rude

☐ Agent☐ Addressee

B. Received by (Printed Name)

DELVONA RUDE

C. Date of Delivery

5-27-11

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

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

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

Idaho Dept of Water Resources
Attn: Darla Block
PO Box 83720
Boise ID 83720-0098

DEPARTMENT OF
WATER RESOURCES

JUN 01 2011

RECEIVED

