

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ 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.		A. Signature X <i>Melissa Crane</i> ☐ Agent ☐ Addressee	
1. Article Addressed to: 75738 + 75739		B. Received by (Printed Name) <i>Melissa Crane</i> C. Date of Delivery <i>5-23-11</i>	
GARY D. SLETTE ROBERTSON & SLETTE PO BOX 1906 TWIN FALLS ID 83303-1906		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below ☐ No RECEIVED MAY 23 2011 DEPT. OF WATER RESOURCES SOUTHERN REGION	
		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)		7008 3230 0000 3731 4157	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	