

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 <i>x Aaron Telford</i> ☒ Agent ☐ Addressee B. Received by (Printed Name) <i>Aaron Telford</i> C. Date of Delivery <i>11-3-10</i> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☒ No
1. Article Addressed to: TELFORD LANDS LLC C/O MIKE TELFORD 1450 W HWY 24 PAUL, ID 83347 RECEIVED NOV 04 2010 Department of Water Resources Eastern 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 (from service label) 7008 3230 0001 8040 7140	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

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1. Article Addressed to: REUBEN H BABCOCK PO BOX 14 MOORE, ID 83255 RECEIVED NOV 04 2010 Department of Water Resources Eastern 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 (from service label) 7008 3230 0001 8040 7225	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

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1. Article Addressed to: RECEIVED JEFFREY ALLEN PO BOX 155 ARCO, ID 83213 OCT 27 2010 Department of Water Resources Eastern 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 (from service label) 7008 3230 0001 8040 7164	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

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1. Article Addressed to:

OCT 27 2010
 ROBERT L HARRIS
 Department of Water Resources
 HOLDEN KIDWELL HAHN &
 CRAPO
 PO BOX 50130
 IDAHO FALLS, ID 83405-0130

2. Article Number

() from service label

7008 3230 0001 8040 7133

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Renee Sterrick ☐ Agent
☒ Addressee

B. Received by (Printed Name)

Renee Sterrick C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf 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

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1. Article Addressed to:

OCT 28 2010
 NATHAN D CARPENTER
 PO BOX 307
 ARCO, ID 83213

Department of Water Resources
 Eastern Region

2. Article Number

() from service label

7008 3230 0001 8040 7218

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Nathan D Carpenter ☐ Agent
☒ Addressee

B. Received by (Printed Name)

Nathan D Carpenter C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf 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

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1. Article Addressed to:

OCT 28 2010
 WADE WADDUPS
 3097 N 3350 W
 MOORE, ID 83255

Department of Water Resources
 Eastern Region

2. Article Number

() from service label

7008 3230 0001 8040 7232

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

LeAnne Waddups ☐ Agent
☒ Addressee

B. Received by (Printed Name)

LeAnne Waddups C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf 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

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1. Article Addressed to:

RECEIVED

KIRBY A JENSEN OCT 28 2010
 2781 N 3375 W Department of Water Resources
 MOORE, ID 83255 Eastern Region

2. Article Number

() from service label)

7008 3230 0001 8040 7201

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Agent
☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

Kirby A. Jensen 10-27-10

D. Is delivery address different from item 1? ☐ YesIf 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

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1. Article Addressed to:

RECEIVED

KIM W BALDWIN OCT 28 2010
 3104 N 3400 W Department of Water Resources
 MOORE, ID 83255 Eastern Region

2. Article Number

() from service label)

7008 3230 0001 8040 7195

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Agent
☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

Kim W Baldwin 10/26/10

D. Is delivery address different from item 1? ☐ YesIf 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

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1. Article Addressed to:

RECEIVED

JIM L SCOUTEN OCT 28 2010
 PO BOX 623 Department of Water Resources
 MOORE, ID 83255 Eastern Region

2. Article Number

() from service label)

7008 3230 0001 8040 7188

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Agent
☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

Linda A. Scouten 10-26-10

D. Is delivery address different from item 1? ☐ YesIf 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

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1. Article Addressed to:

HEATHER CAMILLE SHOSTED
PO BOX 667
MOORE, ID 83255

OCT 28 2010

Department of Water Resources
Eastern Region

2. Article Number
(or from service label)

7008 3230 0001 8040 7157

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Heather Shosted

☐ Agent☒ Addressee

B. Received by (Printed Name)

Heather Shosted

C. Date of Delivery

10-26-10

D. Is delivery address different from item 1? ☐ YesIf 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