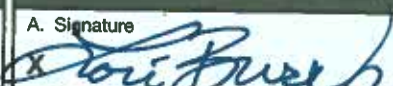
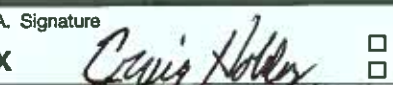


SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. - Print your name and address on the reverse so that we can return the card to you. - Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature ☒ Agent ☐ Addressee	
1. Article Addressed to: AM-SV+SP SUN VALLEY RANCH, LLC SPRING CREEK IDAHO RANCH LLC PO BOX 4380 KETCHUM ID 83340		B. Received by (Printed Name) _____ C. Date of Delivery _____ D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No RECEIVED OCT 29 2010 DEPT. OF WATER RESOURCES SOUTHERN REGION	
2. Article Number (Transfer from service label)		3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
PS Form 3811, February 2004		4. Restricted Delivery? (Extra Fee) ☐ Yes Domestic Return Receipt	

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 ☒ Agent ☐ Addressee	
1. Article Addressed to: AM-SV+SP JAMES R LASKI LAWSON LASKI & ASSOC PO BOX 3310 KETCHUM ID 83340		B. Received by (Printed Name) _____ C. Date of Delivery _____ D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No RECEIVED OCT 29 2010 DEPT. OF WATER RESOURCES SOUTHERN REGION	
2. Article Number (Transfer from service label)		3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
PS Form 3811, February 2004		4. Restricted Delivery? (Extra Fee) ☐ Yes Domestic Return Receipt	

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  ☐ Agent ☒ Addressee	
1. Article Addressed to: AM-SV & SP		B. Received by (Printed Name) LORI BURKS C. Date of Delivery 10/28/10	
TIMOTHY K GRAVES 201 2ND AVE SO STE 100 HAILEY ID 83333		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No RECEIVED OCT 29 2010 DEPT. OF WATER RESOURCES SOUTHERN REGION	
2. Article Number (Transfer from service label)		3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
PS Form 3811, February 2004		4. Restricted Delivery? (Extra Fee) ☐ Yes	
Domestic Return Receipt		102595-02-M-1540	

7008 3230 0000 3731 4027

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  ☐ Agent ☒ Addressee	
1. Article Addressed to: AM-SV & SP		B. Received by (Printed Name) Craig Hobdey C. Date of Delivery 10/28/10	
CRAIG HOBDEY PO BOX 176 GOODING ID 83330		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☒ No RECEIVED OCT 29 2010 DEPT. OF WATER RESOURCES SOUTHERN REGION	
2. Article Number (Transfer from service label)		3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
PS Form 3811, February 2004		4. Restricted Delivery? (Extra Fee) ☐ Yes	
Domestic Return Receipt		102595-02-M-1540	

7008 3230 0000 3731 4041