

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:

Shirley Walker
James D Walker
20 Cherry Hill Ln
North Fork ID 83466

75-7669

2. Article Number

(Transfer from service label)

7009 0820 0000 2804 5188

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Shirley Walker

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Shirley WALKER

C. Date of Delivery

8-14-12

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.

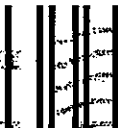
4. Restricted Delivery? (Extra Fee)

☐ Yes

UNITED STATES POSTAL SERVICE

SALT LAKE CITY UT 84143

17 AUG 2010 PM 1:17



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

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

WA

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

DEPARTMENT OF
WATER RESOURCES

AUG 16 2010

RECEIVED

