

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:

Laurence L Calkins
Sandra L Calkins
6970 SW Pacific Coast Hwy
Waldport OR 97394-9135

37-21384

2. Article Number

(Transfer from service label)

7009 2820 0004 2260 9683

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Sandra L. Calkins*

B. Received by (Printed Name)

C. Date

6/

D. Is delivery address different from item 1?

If YES, enter delivery address below:

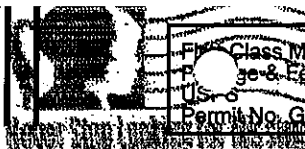
3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for I☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

UNITED STATES POSTAL SERVICE M OR 973

09 JUN 2010 PM 1 T



- 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

JUN 11 2010
DEPARTMENT OF
WATER RESOURCES

