

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:

Leslie Landry
PO Box 1446
Port Orchard WA 98366

74-15615

2. Article Number

(Transfer from service label)

7009 2820 0004 2260 9690

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X. *Sue Landry*

B. Received by (Printed Name)

SUE LANDRY

C. Date

1/6/86

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

OLYMPIA WA

First-Class M
Postage & F
USPS
Permit No. 9

- 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

JUN 18 2010
DEPARTMENT OF
WATER RESOURCES

03A

