

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:

Rob Wert
Rebecca Wert
15447 N Shanendoah DR
Hayden ID 83835-7041
75-9384

2. Article Number

(Transfer from service label)

7005 1160 0000 1505 6667

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

Rob Wert

C. Date

D. Is delivery address different from item 1?

If YES, enter delivery address below:

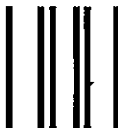
3. Service Type

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

4. Restricted Delivery? (Extra Fee)

UNITED STATES POSTAL SERVICE

WA



First-Class Mail
Permit No. G

- 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

APR 13 2010
DEPARTMENT OF
WATER RESOURCES

