

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:

Shauna Lannone
2747 Post St
Jacksonville FL 32205

92-10016

2. Article Number

(Transfer from service label)

7005 1160 0000 1505 7510

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Shauna Ayers

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Shauna Ayers

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below:

☐ No

3. Service

☒ Certified Mail ☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes



UNITED STATES POSTAL SERVICE

JACKSONVILLE FL 320

2010 Census

Mail It Back

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

20 APR 2010 PM 5 T

- 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

APR 22 2010

RECEIVED

