

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: *Am/T 75177*

JAMES P. SPECK
PO BOX 987
KETCHUM ID 83340

2. Article Number
(Transfer from service label)

7008 3230 0000 3731 3891

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X J. Pinkerton☐ Agent☐ Addressee

B. Received by (Printed Name)

J. Pinkerton

C. Date of Delivery

*2/25/10*D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below ☐ No**RECEIVED****FEB 26 2010**

DEPT. OF WATER RESOURCES

3. Service Type

SOUTHERN REGION

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

4. Restricted Delivery? (Extra Fee)

☐ Yes**SENDER: COMPLETE THIS SECTION**

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1. Article Addressed to: *Am/T 75177*

CRAIG D HOBDEY
HOBDEY LAW OFFICE
PO BOX 176
GOODING ID 83330

2. Article Number
(Transfer from service label)

7008 3230 0000 3731 3914

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Craig Hobdey☐ Agent☐ Addressee

B. Received by (Printed Name)

Craig Hobdey

C. Date of Delivery

*2/25/10*D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below ☐ No**RECEIVED****FEB 26 2010**

DEPT. OF WATER RESOURCES

SOUTHERN REGION

3. Service Type

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4. Restricted Delivery? (Extra Fee)

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1. Article Addressed to: *Am/T75177*

MS SHASTA KILMINSTER-HADLEY
ID ATTORNEY GENERAL
PO BOX 83720
BOISE ID 83720

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐
- Agent
-
- ☐
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

7008 3230 0000 3731 3938

Domestic Return Receipt

102595-02-M-1540

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1. Article Addressed to: *Am/T75177*

TROUT UNLIMITED
C/O PETER R. ANDERSON
910 W MAIN STREET STE 342
BOISE ID 83702

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐
- Agent
-
- ☐
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

7008 3230 0000 3731 3945

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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1. Article Addressed to: *Am/T 75177*

WOOD RIVER IRRIGATION DIS # 45
C/O ALBERT P. BARKER
BARKER RSHOLT & SIMPSON LLP
PO BOX 2139
BOISE ID 83701-2139

2. Article Number

(Transfer from service label)

7008 3230 0000 3731 3921

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Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Sue Estes☐ Agent☐ Addressee

B. Received by (Printed Name)

Sue Estes

C. Date of Delivery

*2-26-10*D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No**RECEIVED****MAR 01 2010****DEPT. OF WATER RESOURCES
SOUTHERN REGION**

3. Service Type

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

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1. Article Addressed to: *Am/T 75177*

SOUTH COUNTY ESTATES
C/O JAMES R LASKI
PO BOX 3310
KETCHUM ID 83341

2. Article Number

(Transfer from service label)

7008 3230 0000 3731 3907

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X J. Laski☐ Agent☐ Addressee

B. Received by (Printed Name)

J. Laski

C. Date of Delivery

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If YES, enter delivery address below: ☐ No**RECEIVED****MAR 01 2010****DEPT. OF WATER RESOURCES
SOUTHERN REGION**

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