

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage \$ 1.22
Certified Fee 2.80
Return Receipt Fee (Endorsement Required) 2.30
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 6.32

Name (Please Print Clearly) (To be completed by mailer)

TIM & CAROLYN FOLKE

Street, Apt. No.; or PO Box No.

PO BOX 100

City, State, ZIP+4

PAYETTE ID 83661

PS Form 3800, July 1999

See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage \$ 1.05
Certified Fee 2.80
Return Receipt Fee (Endorsement Required) 2.30
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 6.15

Name (Please Print Clearly) (To be completed by mailer)

KEVIN MADSEN

Street, Apt. No.; or PO Box No.

2073 N. GALENA RD

City, State, ZIP+4

COUNCIL ID 83612

PS Form 3800, July 1999

See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage \$ 1.05
Certified Fee 2.80
Return Receipt Fee (Endorsement Required) 2.30
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 6.15

Name (Please Print Clearly) (To be completed by mailer)

LLOYD J. BROWN

Street, Apt. No.; or PO Box No.

PO BOX 535

City, State, ZIP+4

COUNCIL ID 83612

PS Form 3800, July 1999

See Reverse for Instructions

Certified Mail Provides:

- A mailing receipt
- A unique identifier for your mailpiece
- A signature upon delivery
- A record of delivery kept by the Postal Service for two years

Important Reminders:

- Certified Mail may ONLY be combined with First-Class Mail or Priority Mail.
- Certified Mail is not available for any class of international mail.
- NO INSURANCE COVERAGE IS PROVIDED with Certified Mail. For valuables, please consider Insured or Registered Mail.
- For an additional fee, a Return Receipt may be requested to provide proof of delivery. To obtain Return Receipt service, please complete and attach a Return Receipt (PS Form 3811) to the article and add applicable postage to cover the fee. Endorse mailpiece "Return Receipt Requested". To receive a fee waiver for a duplicate return receipt, a USPS postmark on your Certified Mail receipt is required.
- For an additional fee, delivery may be restricted to the addressee or addressee's authorized agent. Advise the clerk or mark the mailpiece with the endorsement "Restricted Delivery".
- If a postmark on the Certified Mail receipt is desired, please present the article at the post office for postmarking. If a postmark on the Certified Mail receipt is not needed, detach and affix label with postage and mail.

IMPORTANT: Save this receipt and present it when making an inquiry.

PS Form 3800, July 1999 (Reverse)

102595-99-M-1938

Certified Mail Provides:

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- A unique identifier for your mailpiece
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PS Form 3800, July 1999 (Reverse)

102595-99-M-1938

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ 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.		A. Signature X  ☐ Agent ☐ Addressee	
1. Article Addressed to: TIM FOLKE CAROLYN FOLKE PO BOX 100 PAYETTE ID 83661		B. Received by (Printed Name) Tim Folke	C. Date of Delivery 11-25-09
2. Article Number (Transfer from service label) 7099 3220 0006 2265 1600		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☒ No	
PS Form 3811, February 2004		3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
Domestic Return Receipt		4. Restricted Delivery? (Extra Fee) ☐ Yes	

67-14975

102595-02-M-1540

UNITED STATES POSTAL SERVICE

BOISE ID 83705

25 NOV 2009 PM 4:37

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

• Sender: Please print your name, address, and ZIP+4 in this box •

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WESTERN REGIONAL OFFICE
2735 AIRPORT WAY
BOISE, IDAHO 83705

RECEIVED
NOV 27 2009

WATER RESOURCES
WESTERN REGION

142

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ 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.		A. Signature <i>Kevin E. Madsen</i> ☐ Agent ☒ Addressee	
1. Article Addressed to: KEVIN MADSEN 2073 N GALENA RD COUNCIL ID 83612		B. Received by (Printed Name) <i>Kevin E. Madsen</i>	C. Date of Delivery <i>11-25-09</i>
		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	
2. Article Number (Transfer from service label)		7099 3220 0006 2265 1617	
PS Form 3811, February 2004		Domestic Return Receipt <i>67.14975</i> 102595-02-41-1540	

UNITED STATES POSTAL SERVICE
BOISE ID 837

25 NOV 2009 PM 3 T

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

• Sender: Please print your name, address, and ZIP+4 in this box •

**STATE OF IDAHO
 DEPARTMENT OF WATER RESOURCES
 WESTERN REGIONAL OFFICE
 2735 AIRPORT WAY
 BOISE, IDAHO 83705**

**RECEIVED
 NOV 27 2009**

WATER RESOURCES
 WESTERN REGION

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
- 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.		A. Signature X <u>Lloyd Brown</u> ☐ Agent ☐ Addressee	
1. Article Addressed to: LLOYD J BROWN PO BOX 535 COUNCIL ID 83612		B. Received by (Printed Name) <u>LLOYD BROWN</u> C. Date of Delivery <u>11/25/09</u>	
2. Article Number (Transfer from service label) <u>7099 3220 0006 2265 1624</u>		D. Is delivery address different from item 1? ☐ Yes ☐ No If YES, enter delivery address below:	
		3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	
PS Form 3811, February 2004 Domestic Return Receipt <u>67-14975</u> 102595-02-M-1540			

UNITED STATES POSTAL SERVICE

BOISE ID 837

25 NOV 2009 PM 3 L

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

• Sender: Please print your name, address, and ZIP+4 in this box •

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WESTERN REGIONAL OFFICE
2735 AIRPORT WAY
BOISE, IDAHO 83705

RECEIVED
NOV 27 2009

WATER RESOURCES
WESTERN REGION