

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>Jessica Nielsen</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery <i>Jessica Nielsen</i> <i>10-29-09</i> D. Is delivery address different from item 12? ☐ Yes If YES, enter delivery address below: ☐ No	
1. Article Addressed to: <i>Am/37-8388</i> TRAVIS THOMPSON BARKER RSHOLT SIMPSON PO BOX 485 TWIN FALLS ID 83303-485		RECEIVED OCT 30 2009 DEPT. OF WATER RESOURCES SOUTHERN REGION	
2. Article Number (Transfer from service label)		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 102595-02-M-1540	

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1. Article Addressed to: <i>Am/37-8388</i> LISA VIERLING PO BOX 869 SUN VALLEY ID 83353		RECEIVED NOV 04 2009 DEPT. OF WATER RESOURCES SOUTHERN REGION	
2. Article Number (Transfer from service label)		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 102595-02-M-1540	

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1. Article Addressed to: <i>AM/37-8388</i> SDRTR LLC c/o ANTHONY ROBBINS 930 S ANDREASEN DR SUITE H ESCONDIDO CA 92029		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)		7004 2890 0001 7072 3932	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

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1. Article Addressed to: <i>AM/37-8388</i> JAMES SPECK PO BOX 987 KETCHUM ID 83340		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)		7004 2890 0001 7072 3956	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	