

7099 3220 0006 2265 1662

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

SEP 04 2009
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 WATER RESOURCES
 WESTERN REGION

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

JOHN JOBE

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

5495 S LOCUST GROVE RD

City, State, ZIP+4

MERIDIAN ID 83642

PS Form 3800, July 1999

See Reverse for Instructions

7099 3220 0006 2265 1648

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

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 WATER RESOURCES
 WESTERN REGION

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

FRED NITZ

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

5325 S LOCUST GROVE RD

City, State, ZIP+4

MERIDIAN ID 83642

PS Form 3800, July 1999

See Reverse for Instructions

7099 3220 0006 2265 1631

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

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

LAWRENCE & KAY HANSEN

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

1440 E MARY LN

City, State, ZIP+4

MERIDIAN ID 83642

PS Form 3800, July 1999

See Reverse for Instructions

7099 3220 0006 2265 1679

U.S. Postal Service
CERTIFIED MAIL RECEIPT
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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

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

HERBERT LLOYD

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

1360 E TANYA LN

City, State, ZIP+4

MERIDIAN ID 83642

PS Form 3800, July 1999

See Reverse for Instructions

7099 3220 0006 2265 1686

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

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 WESTERN REGION

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

ERO RESOURCES; STEVE HANNULA

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

3314 GRACE ST

City, State, ZIP+4

BOISE ID 83702

PS Form 3800, July 1999

See Reverse for Instructions

7099 3220 0006 2265 1655

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

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 WESTERN REGION

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

HERB NITZ

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

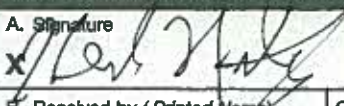
5445 S LOCUST GROVE RD

City, State, ZIP+4

MERIDIAN ID 83642

PS Form 3800, July 1999

See Reverse for Instructions

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  ☐ Agent ☐ Addressee	
1. Article Addressed to: FRED NITZ 5325 S LOCUST GROVE RD MERIDIAN ID 83642		B. Received by (Printed Name)	C. Date of Delivery 9-5-09
		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 1648			
PS Form 3811, February 2004 Domestic Return Receipt 63-33064 102595-02-M-1540			

UNITED STATES POSTAL SERVICE

BOISE ID 837

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 SEP 09 2009
 WATER RESOURCES
 WESTERN REGION

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

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>Herb Nitz</i> ☐ Agent ☐ Addressee	
1. Article Addressed to: HERB NITZ 5445 S LOCUST GROVE RD MERIDIAN ID 83642		B. Received by (Printed Name) C. Date of Delivery <i>Herb N. Nitz</i> <i>9-5-09</i>	
2. Article Number (Transfer from service label) 7099 3220 0006 2265 1655		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	
PS Form 3811, February 2004 Domestic Return Receipt <i>63-33064</i> 102595-02-M-1540			

UNITED STATES POSTAL SERVICE

BOISE ID 837

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WATER RESOURCES
WESTERN REGION

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

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 <i>Larry A Hansen</i> ☐ Agent ☐ Addressee	
1. Article Addressed to: LAWRENCE HANSEN KAY HANSEN 1440 E MARY LN MERIDIAN ID 83642		B. Received by (Printed Name) <i>Larry A Hansen</i> C. Date of Delivery <i>9-5-09</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 1631	
Form 3811, February 2004		Domestic Return Receipt <i>63-33064</i> 102595-02-M-1540	

UNITED STATES POSTAL SERVICE

BOISE ID 837

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WESTERN REGION

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

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>Steve Hannula</u> ☐ Agent ☐ Addressee	
1. Article Addressed to: ERO RESOURCES CORP ATTN: STEVE HANNULA 3314 GRACE ST BOISE ID 83703		B. Received by (Printed Name) <u>STEVE HANNULA</u> C. Date of Delivery <u>9/8/09</u>	
		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 <u>7099 3220 0006 2265 1686</u> (Transfer from service label)			
PS Form 3811, February 2004		Domestic Return Receipt <u>63-33064</u> 102595-02-M-1540	

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

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SEP 10 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  ☐ Agent ☐ Addressee	
1. Article Addressed to: JOHN JOBE 5495 S LOCUST GROVE RD MERIDIAN ID 83642		B. Received by (Printed Name)	C. Date of Delivery
2. Article Number (Transfer from service label) 7099 0220 0006 2265 1662		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	
PS Form 3811, February 2004		Domestic Return Receipt 63-33064 102595-02-M-1540	

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

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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 <i>Herbert Lloyd</i> ☐ Agent ☐ Addressee	
1. Article Addressed to: HERBERT LLOYD 1360 E TANYA LN MERIDIAN ID 83642		B. Received by (Printed Name) <i>Herbert Lloyd</i> C. Date of Delivery <i>2009</i>	
2. Article Number (Transfer from service label) 7099 3220 0006 2265 1679		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	

PS Form 3811, February 2004

Domestic Return Receipt **63-33064**

102595-02-M-1540

UNITED STATES POSTAL SERVICE ID 837

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