

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:

Kim Kerstetter
 Kathleen Kerstetter
 5575 W 2000 N
 Malad ID 83252

15-7260

2. Article Number

(Transfer from service label)

7005 1160 0000 1505 8715

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

K Kerstetter

C. Date of Delivery

10-2-09

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

UNITED STATES POSTAL SERVICE



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

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

RECEIVED

OCT 05 2009

DEPARTMENT OF
WATER RESOURCES

Idaho Dept of Water Resources
Attn: Darla Block
PO Box 83720
Boise ID 83720-0098