

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

Article Sent To:

Western Water

Postage \$ 1.00

Certified Fee 2.70

Return Receipt Fee (Endorsement Required) 2.20

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 5.90

Postmark  
Here

JAN 16 2003

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

DANA HOESTETTER, ATTY

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

608 W FRANKLIN ST

City, State, ZIP+4

BOISE ID 83702

PS Form 3800, July 1999

See Reverse for Instructions

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Postmark  
Here

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

SPF WATER ENGINEERING

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

300 E MALLARD DR, STE 350

City, State, ZIP+4

BOISE ID 83706

PS Form 3800, July 1999

See Reverse for Instructions

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**CERTIFIED MAIL RECEIPT**  
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Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 5.90

Postmark  
Here

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

NORMAN SEMANKO, ATTY

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

6223 N DISCOVERY WY, STE 200

City, State, ZIP+4

BOISE ID 83713

PS Form 3800, July 1999

See Reverse for Instructions

**Certified Mail Provides:**

IDWR - WESTERN

- 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 the 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

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PS Form 3800, July 1999 (Reverse)

102595-99-M-1938

61-12090

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"><li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>Print your name and address on the reverse so that we can return the card to you.</li><li>Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>		<p>A. Signature <input checked="" type="checkbox"/> <i>Crystal Weber</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Crystal Weber</i> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p><b>RECEIVED</b> <b>JAN 21 2009</b> <b>WATER RESOURCES</b> <b>WESTERN REGION</b></p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
1. Article Addressed to:  SPF Water Engineering 300 E Mallard Dr, Ste 350 Boise ID 83706			
2. Article Number (Transfer from service label) 7099 3220 0006 2265 1501			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

61-12090

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"><li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>Print your name and address on the reverse so that we can return the card to you.</li><li>Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>		<p>A. Signature <input checked="" type="checkbox"/> <i>Dana Hofstetter</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Dana Hofstetter</i> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p><b>RECEIVED</b> <b>JAN 21 2009</b> <b>WATER RESOURCES</b> <b>WESTERN REGION</b></p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
1. Article Addressed to:  Dana Hofstetter, Atty Hofstetter Law Office 608 W Franklin St Boise ID 83702			
2. Article Number (Transfer from service label) 7099 3220 0006 2265 1495			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

61-12090

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"><li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>Print your name and address on the reverse so that we can return the card to you.</li><li>Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>		<p>A. Signature <input checked="" type="checkbox"/> <i>Katrina Thomas</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Katrina Thomas</i> C. Date of Delivery <i>5/1/2009</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p><b>RECEIVED</b> <b>JAN 21 2009</b> <b>WATER RESOURCES</b> <b>WESTERN REGION</b></p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
1. Article Addressed to:  Norman M Semanko, Atty Rose Law Group Borton 6223 N Discovery Way, Ste 200 Boise ID 83713			
2. Article Number (Transfer from service label) 7099 3220 0006 2265 1518			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	