

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>Robert Hallen</u> ☐ Agent ☐ Addressee	
1. Article Addressed to: ROBERT R HALLEN PO BOX 243 CARMEN ID 83462		B. Received by (Printed Name) <u>ROBERT HALLEN</u> C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☒ No RECEIVED MAY 12 2008	
2. Article Number (Transfer from service label)		3. Service Type <u>Department of Water Resources</u> ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
PS Form 3811, February 2004		4. Restricted Delivery? (Extra Fee) ☐ Yes 7007 1490 0002 8989 7719 Domestic Return Receipt	

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1. Article Addressed to: ARNE VETRUS 34 COINER LANE SALMON ID 83467		B. Received by (Printed Name) <u>ARNE VETRUS</u> C. Date of Delivery <u>5-19-08</u> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No RECEIVED MAY 20 2008	
2. Article Number (Transfer from service label)		3. Service Type <u>Department of Water Resources</u> ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
PS Form 3811, February 2004		4. Restricted Delivery? (Extra Fee) ☐ Yes 7007 1490 0002 8989 7726 Domestic Return Receipt	

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