

7005 1160 0000 1504 8228

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

2/8/08 day

Postmark
Here

57-11691

Sent To
ALAN R. DAVIS
Street, Apt. No.,
or PO Box No. 8148 FOX CANYON DR
City, State, ZIP+4
MARSING ID 83639-5024
PS Form 3800, June 2002 See Reverse for Instructions

UNITED STATES POSTAL SERVICE
11 FEB 2008 PM 2
Permit No. G-10

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

IDAHO DEPT OF WATER
RESOURCES
ATTN DEBORAH GIBSON
PO BOX 83720
BOISE ID 83720-0098

RECEIVED
FEB 13 2008

DEPARTMENT OF
WATER RESOURCES



SENDER: COMPLETE THIS SECTION

- Complete item 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:

ALAN DAVIS
8148 FOX CANYON DR
MARSING ID 83639-5024

57-11691

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Connie Davis

☐ Agent☐ Addressee

B. Received by (Printed Name)

CONNIE DAVIS

C. Date of Delivery

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

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(Transfer from)