

SENDER COMPLETION

- Complete item 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:

CASTLE MOUNTAIN CREEK OWNERS ASSN INC
5 SNOW SPRINGS DR
GARDEN VALLEY ID 83622

65-13526

COMPLETE THIS SECTION ON DELIVERY

A. Received by (P. *Print Clearly*) *MICHAEL K. THOMAS* B. Date of Delivery *2-22-05*

C. Signature *X Michael K. Thomas* ☒ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

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 (C) *7003 0500 0003 1969 3116*

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

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

OFFICIAL USE

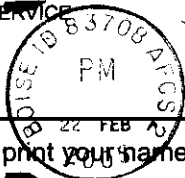
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

2/9/05
Postmark
df

Sent To *Castle Mtn. Creek OAT Inc.*
Street, Apt. No., or PO Box No. *5 Snow Springs Dr.*
City, State, ZIP+4 *Garden Valley, ID 83622*

PS Form 3800, June 2002 See Reverse for Instructions

UNITED STATES POSTAL SERVICE



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

RECEIVED

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

FEB 22 2005

**DEPARTMENT OF
WATER RESOURCES**

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

