

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:

MICHAEL & EILEEN
CHAMBERS
705 E TOPONCE CANYON RD
BANCROFT ID 83217

T72572/29-918.

2. Article Number

(Transfer from service)

7005 1160 0000 1544 5706

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Eileen Chambers

☐ Agent☐ Addressee

B. Received by (Printed Name)

EILEEN M. CHAMBERS

C. Date of Delivery

8-14-06

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

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1. Article Addressed to:

JERRY W HATCH
850 W ELVA
IDAHO FALLS ID 83402

T72572/29-918

2. Article Number

(Transfer from service is)

7005 1160 0000 1544 5690

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Jerry Hatch

☐ Agent☐ Addressee

B. Received by (Printed Name)

AUG 1 2 2006

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

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1. Article Addressed to:

RANDALL C BUDGE
RACINE OLSON
PO BOX 1391
POCATELLO ID 83204-1391

T72572/29-918

2. Article Number

(Transfer from service)

7005 1160 0000 1544 5713

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Chris Delouis

☐ Agent☐ Addressee

B. Received by (Printed Name)

CHRIS DELOUIS

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



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

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

WA

AUG 21 2006

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

RECEIVED
AUG 21 2006
DEPARTMENT OF
WATER RESOURCES

UNITED STATES POSTAL SERVICE

14 AUG 2006 PM 1



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

RECEIVED

AUG 16 2006

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

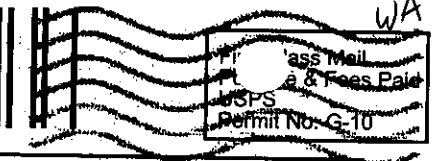
DEPARTMENT OF
WATER RESOURCES

720+0098



UNITED STATES POSTAL SERVICE

15 AUG 2006 PM 1



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

RECEIVED

AUG 17 2006

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

DEPARTMENT OF
WATER RESOURCES

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