

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:

Pete Stratis
2337 N 3000 W
Arco ID 83213

2. Article Number
(Transfer from service label)

7006 2760 0005 6779 2402

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Pete Stratis☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

MAR 02 2007

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

RECEIVED

MAR 05 2007

3. Service Type Department of Water Resources

X Registered Mail

Express Mail

☐ Certified Mail☐ Return Receipt for Merchandise☐ Registered☐ C.O.D.☐ Insured Mail

4. Restricted Delivery? (Extra Fee)

☐ Yes