

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Pete Stratis*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Pete Stratis

C. Date of Delivery

2-22-07

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below:

☐ No

RECEIVED

FEB 23 2007

3. Service Type *Department of Water Resources*
Eastern Region

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number
(Transfer from service label)

7005 1820 0005 1526 1214

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540