

**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:

Earl Maynard  
2979 W 2400 N  
Arco ID 83213

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

☒ X

B. Received by (Printed Name)

Earl Maynard

☐ Agent☐ Addressee

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**

Department of Water Resources

Eastern Region

3. Service Type

☒ X 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 1191

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540