

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 300 West
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

*FEB 02 2007*D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No**RECEIVED****FEB 05 2007**~~Department of Water Resources~~

3. Service Type Eastern Region

XX

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

4. Restricted Delivery? (Extra Fee)

☐ Yes2. Article Number
(if from service label)

7005 1820 0005 1526 1047

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540