

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:

City of Arco
Holden Kidwell Hahn & Crapo
PO Box 51030
Idaho Falls ID 83405-0130

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Kenner Sterner* ☐ Agent ☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

If YES, enter delivery address below:

Department of Water Resources
Eastern Region

3. Service Type

- ☒ 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 1054

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540