

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:

Lemhi Irrigation District
260 Withington Cr Rd
Salmon ID 83467

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Robert R. Loucks*

☒ Agent

☐ Addressee

B. Received by (Printed Name)

Robert Loucks

C. Date of Delivery

11-28-06

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

If YES, enter delivery address below: ☐ No

RECEIVED

NOV 29 2006

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
(Traceable)

Number
from service label

7002 3150 0005 3816 4887

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540