

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:

BRECKENRIDGE FAMILY LTD
 PARTNERSHIP
 C/O KATIE BRECKENRIDGE
 PO BOX 685
 PICABO ID 83348

71-64B

2. Article Number:
(Transfer from:)

7005 1160 0000 1544 5102

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Katie Breckenridge ☐ Agent
☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

Katie Breckenridge *7/12/06*

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

If YES, enter delivery address below:

☐ No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

7005 1160 0000 1544 5102

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT

Domestic Mail Only; No Insurance Coverage Provided

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

7/11/06

Postmark
Here*dg*

Sent to *Breckenridge Fam. Ltd. Ptnrshp*
 Street, Apt. No.,
 or PO Box No. *C/O Katie Breckenridge*
 City, State, ZIP+4 *P.O. Box 685, Picabo, ID. 83348*

PS Form 3800, June 2002

See Reverse for Instructions

UNITED STATES POSTAL SERVICE



WA

First-Class Mail
Postage Fees Paid
USPS
Permit No. G-10

- Sender: Please print your name, address, and ZIP+4 in this box •

RECEIVED

JUL 14 2006

**DEPARTMENT OF
WATER RESOURCES**

IDAHO DEPT OF WATER
RESOURCES
ATTN DEBORAH GIBSON
PO BOX 83720
BOISE ID 83720-0098

