

U.S. Postal Service™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

Postage	\$	5/4/06 Postmark Here dg
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: Jon Minkhoff
Street, Apt. No., or PO Box No.: 11648 Eva Ln.
City, State, ZIP: Caldwell, Id. 83607

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete item 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:
JOHN M MARSHALL
GIVENS PURSLEY LLP
PO BOX 2720
BOISE ID 83701-2720

63-32003

RECEIVED
MAY 1 2006
DEPARTMENT OF WATER RESOURCES

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Print Clearly) E. F. Fick	B. Date of Delivery MAY -9 2006
C. Signature X E. Fick	☐ Agent ☐ Addressee
D. Is delivery address different from item 1? If YES, enter delivery address below:	☐ Yes ☐ No
3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
4. Restricted Delivery? (Extra Fee)	☐ Yes

7003 0500 0003 1969 5608

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

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

Sent To: John M. Marshall
Street, Apt. No., or PO Box No.: P.O. Box 2720
City, State, ZIP: Boise ID 83701-2720

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete item 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:
JON MINKOFF
11648 EVA LANE
CALDWELL ID 83607

63-32003

RECEIVED
MAY 1 2006
DEPARTMENT OF WATER RESOURCES

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Print Clearly) Jon Minkoff	B. Date of Delivery
C. Signature X Jon Minkoff	☐ Agent ☐ Addressee
D. Is delivery address different from item 1? If YES, enter delivery address below:	☐ Yes ☐ No
3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
4. Restricted Delivery? (Extra Fee)	☐ Yes

7003 0500 0003 1969 7480

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952