

7003 0500 0003 1890 4961

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	\$

1/7/05

Postmark
Here

dy

Sent To Stephen A. Schaub
 Street, Apt. No., or PO Box No. 3526 Rippling Way
 City, State, ZIP+4 Laurel MD 20784
 PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, 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:

STEPHEN A SCHAUB
 SCHAUB RANCH LLC
 3526 RIPPLING WAY
 LAUREL MD 20724

85-7618

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Name)	B. Date of Delivery
Mary T. Schaub	1/12/05
C. Signature	☐ Agent ☐ Addressee
x Mary T. Schaub	
D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	

RECEIVED
 JAN 18 2005
 DEPARTMENT OF WATER RESOURCES

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

4. Restricted Delivery? (Extra Fee) ☐ Yes