

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:

**DARYL SPARKS
525 DANISH AVE
MONTPELIER ID 83254**

RECEIVED

MAR 21 2005

Department of Water Resources
Eastern Region

2. Article Number
(if from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Betty Sparks

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Betty Sparks

C. Date of Delivery

3-19-05

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

7003 3110 0001 8395 7231

Domestic Return Receipt

102595-02-M-1540