

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:

MICAHIEL CHAMBERS
705 E TOPONCE CANYON RD
BANCROFT ID 83217

RECEIVED

SFP - 2 2005

Department of Water Resources
Eastern Region

2. Article Number

(Transfer from service label)

7002 3150 0005 3816 2777

PS Form 3811, August 2001

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Mike Chambers*☐ Agent☒ Addressee

B. Received by (Printed Name)

Mike Chambers

C. Date of Delivery

*9/1/05*D. Is delivery address different from item 1? ☐ YesIf 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

Domestic Return Receipt

102595-u2-M-1540