

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:

**FALLS WATER CO
1770 SABIN DR
IDAHO FALLS ID 83406**

2. Article Number

(Transfer from service label)

7001 2510 0007 6760 2855

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x K Scott Bruce

☒ Agent
☐ Addressee

B. Received by (Printed Name)

K. Scott Bruce

C. Date of Delivery

11/22

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**SENDER: COMPLETE THIS SECTION**

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1. Article Addressed to:

**BUREAU OF RECLAMATION
GAIL MCGARRY
1150 N CURTIS RD STE 100
BOISE ID 83706**

2. Article Number

(Transfer from service label)

7001 2510 0007 6760 2862

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Gail McGarry

☐ Agent
☐ Addressee

B. Received by (Printed Name)

Gail McGarry

C. Date of Delivery

11/22/04

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**SENDER: COMPLETE THIS SECTION**

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1. Article Addressed to:

**BARKER ROSHOLT & SIMPSON
113 MAIN AVE WEST STE 303
TWIN FALLS ID 83301-6167**

RECEIVED

NOV 23 2004

Department of Water Resources
Eastern Region

2. Article Number

(Transfer from service label)

7001 2510 0007 6760 2879

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Barker Rosholt

☐ Agent
☐ Addressee

B. Received by (Printed Name)

Barker Rosholt

C. Date of Delivery

11/23/04

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