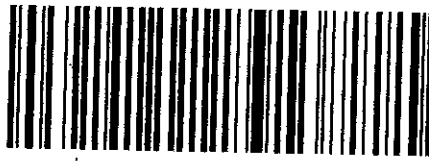


STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
North Orchard Street, P.O. Box 83720
Boise, Idaho 83720-0098

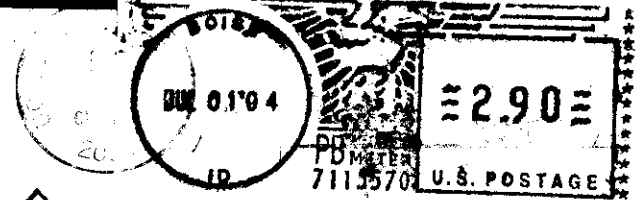
Return Service Requested

CERTIFIED MAIL



7000 1530 0000 9414 7805

243
95-9127



RECEIVED
JUL 09 2004
DEPARTMENT OF
WATER RESOURCES

HEMM416 990192003 1203 04 07/06/04
FORWARD TIME EXP RTN TO SEND
HEMMINGS
PO BOX 14407
SPOKANE VALLEY WA 99214-0407
RETURN TO SENDER

990192003 02

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
- 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.		A. Received by (Please Print Clearly) <u>BILL HEMMINGS</u> B. Date of Delivery <u>SEP 07 2004</u> C. Signature <u>[Signature]</u> D. Is delivery address different from item 1? ☒ Yes ☐ No If YES, enter delivery address below:	
1. Article Addressed to:		3. Service Type	
WILLIAM H HEMMINGS PO BOX 14407 SPOKANE VALLEY WA 99214-0407		☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
95-9127		4. Restricted Delivery? (Extra Fee) ☐ Yes	

7003 0500 0003 1890 2882

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

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	\$
Sent To <u>William H. Hemmings</u>	
Street, Apt. No. or PO Box No. <u>PO Box 14407</u>	
City, State, ZIP+4 <u>SPOKANE VALLEY WA 99214</u>	

PS Form 3800, June 2002 See Reverse for Instructions