

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:

**ANDREW E POVEY
2602 POVEY RD
AMERICAN FALLS ID 83211**

2. Article Number (Copy from service label)

7003 0500 0003 1969 2669

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Name and Address) B. Date of Delivery

BROOKE POVEY

5-9-82K5

C. Signature

X Brooke Povey

☒ Agent
☒ Addressee

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

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

Sender: Please print your name, address, and ZIP+4 in this box •

RECEIVED
MAY 11 2005
DEPARTMENT OF
WATER RESOURCES

DEPT. OF WATER RESOURCES
322 E. FRONT ST.
P. O. BOX 83720
BOISE, ID 83720-0098

RLT# 35-13521

83720+0098



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 \$

Postmark
Here

MAILED ON
S. 6. 05

Sent To

Street, Apt. No.,
or PO Box No.

City, State, ZIP+4

**ANDREW E POVEY
2602 POVEY RD**

AMERICAN FALLS ID 83211

7003 0500 0003 1969 2669