

CERTIFIED MAIL

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

Return Service Requested

RECEIVED

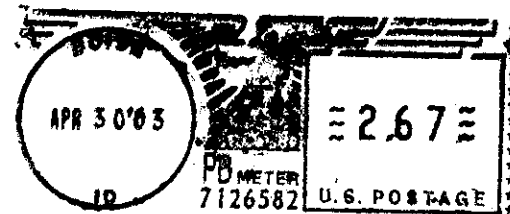
MAY - 8 2003

Department of Water Resources



7000 1670 0011 3313 9284

95-9058



WELB345 838352021 1303 13 05/03/03
RETURN TO SENDER
WELBURN, ROSS
12181 N STRAHORN RD
HAYDEN ID 83835-9301

Resent 5/9/03
dg

RETURN TO SENDER

83835-9301

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:

ROSS WELBURN
12181 N STRAHORN RD
HAYDEN ID 83835-9301

95-9058

2. Article Number (Copy from service label)

7000 1670 0011 3313 9116

COMPLETE THIS SECTION ON DELIVERY

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

Sheryn Welburn 5/12/03

C. Signature

X *Sheryn Welburn* ☐ Agent ☐ Addressee

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

U.S. Postal Service CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

5/9/03
Postmark Here

dg

Sent to *Ross Welburn*
Street, Apt. No., or PO Box No. *12181 N. Strahorn Rd*
City, State, ZIP+4 *Hayden, ID 83835-9301*

PS Form 3811, May 2000

See Reverse for Instructions

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 •

IDAHO DEPT OF WATER
RESOURCES
ATTN DEBORAH GIBSON
1301 N ORCHARD ST
BOISE ID 83706

RECEIVED

MAY 14 2003

Department of Water Resources

83706#2237

