

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: AM-3/3/05-T71604

TIMOTHY J. STOVER
ROBERTSON & ASSOCIATES
PO BOX 1906
TWIN FALLS ID 83303-1906

2. Article Number (Copy from service label)

7002 0460 0000 7276 5086

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) PAIGE JENSEN B. Date of Delivery 3-14-05C. Signature [Signature]☐ Agent☐ AddresseeD. 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

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1. Article Addressed to: AM-3/3/05-T71604

WILLIAM J. & SUSAN MILLENKAMP
471 N 300 W
JEROME ID 83338

2. Article Number (Copy from service label)

7002 0460 0000 7276 5093

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) [Signature] B. Date of Delivery 3-14-05C. Signature [Signature]☐ Agent☐ AddresseeD. 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

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1. Article Addressed to: AM-3/3/05-T71604

STEVEN R HURD
473 N 200 W
JEROME ID 83338

2. Article Number (Copy from service label)

7002 0460 0000 7276 5109

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) [Signature] B. Date of Delivery 3-14-05C. Signature [Signature]☐ Agent☐ AddresseeD. 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

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
MAR 15 2005
Department of Water Resources
Southern Region

STATE OF IDAHO
DEPT OF WATER RESOURCES
1341 FILLMORE ST - SUITE #200
TWIN FALLS ID 83301-3380

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
MAR 07 2005

Department of Water Resources
Southern Region

STATE OF IDAHO
DEPT OF WATER RESOURCES
1341 FILLMORE ST - SUITE #200
TWIN FALLS ID 83301-3380

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Permit No. G-10

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RECEIVED
MAR 07 2005

Department of Water Resources
Southern Region

STATE OF IDAHO
DEPT OF WATER RESOURCES
1341 FILLMORE ST - STE # 200
TWIN FALLS ID 83301

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1. Article Addressed to: AM-3/3/05-T 71604

LEE JUSTUS HALPER
331S 230W
JEROME ID 83338

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Rachel A Halper B. Date of Delivery 3-4-05
C. Signature Rachel A Halper ☐ 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

2. Article Number (Copy from service label)

7002 0460 0000 7276 5116

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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1. Article Addressed to: AM-3/3/05-T 71604

STEVE R. MATTHEWS
450 N 210 W
JEROME ID 83338

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) 3-4-05KV B. Date of Delivery
C. Signature Steve R Matthews ☐ 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

2. Article Number (Copy from service label)

7002 0460 0000 7276 5130

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

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1. Article Addressed to: AM-3/3/05-T 71604

DOYLE SCHWISOW
PO BOX 321
JEROME ID 83338

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Edythe Schwisow B. Date of Delivery 3-4-05
C. Signature Edythe Schwisow ☐ 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

2. Article Number (Copy from service label)

7002 0460 0000 7276 5147

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

UNITED STATES POSTAL SERVICE



First-Class Mail
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USPS
Permit No. G-10

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

RECEIVED

MAR 07 2005

Department of Water Resources
Southern Region

STATE OF IDAHO
DEPT OF WATER RESOURCES
1341 FILLMORE ST - STE #200
TWIN FALLS ID 83301

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

MAR 07 2005

Department of Water Resources
Southern Region

STATE OF IDAHO
DEPT OF WATER RESOURCES
1341 FILLMORE ST - SUITE #200
TWIN FALLS ID 83301-3380

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

MAR 07 2005

Department of Water Resources
Southern Region

STATE OF IDAHO
DEPT OF WATER RESOURCES
1341 FILLMORE ST - SUITE #200
TWIN FALLS ID 83301-3380

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1. Article Addressed to: *ADM/3-3-T71604*⁰⁵

WILLIAM F. GULLEY
450 N 242 W
JEROME ID 83338

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *William F. Gulley* B. Date of Delivery *3-16-05*

C. Signature *William F. Gulley*

X

☐ Agent
☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

RECEIVED
MAR 17 2005
Department of Water Resources
Southern Region

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7002 0460 0000 7276 5123