

**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-2/24/05-71132**

**WARM CREEK IRRIGATION CO  
3298 S ISAAK LP  
AMERICAN FALLS ID 83211**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X** *L. M. MacLure* ☒ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

**2-25-05**

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

*L. M. MacLure*

3. Service Type

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

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

Article Number **7002 0460 0000 7276 5017**

(Transfer from service label)

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-038

UNITED STATES POSTAL SERVICE



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

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FEB 28 2005

Department of Water Resources  
Southern Region

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

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

4330143392

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1. Article Addressed to: **AM-944/65 T 71132**

WILLIAM ISAAK  
3082 ISAAK LOOP  
AMERICAN FALLS ID 83211

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent  
**X** *William Isaak* ☒ Addressee  
B. Received by (Printed Name) **WILLIAM ISAAK** C. Date of Delivery **8-25-01**  
D. Is delivery address different from item 1? ☐ Yes ☒ No  
If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.  
4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

2. Article Number **7002 0460 0000 7276 5024**

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Southern Region

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DEPT OF WATER RESOURCES  
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83301-3380



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1. Article Addressed to: **AM-94465-771132**

**TIMOTHY P. DEEG**  
**2597 DEEG RD**  
**AMERICAN FALLS ID 83211**

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature ☒ Agent ☐ Addressee  
*Timothy P. Deeg*
- B. Received by (Printed Name) ☐ Date of Delivery  
*Timothy P. Deeg* *2-26-05*
- 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

Article Number **7002 0460 0000 7276 5031**

(Transfer from service label)

PS Form 3811, August 2001

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

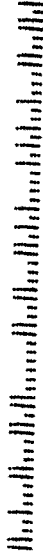
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Department of Water Resources  
Southern Region

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

83301+3332



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1. Article Addressed to: **AM-7/24/05-T 71132**

**KENT FOSTER  
HOLDEN & ASSOCIATES  
PO BOX 50130  
IDAHO FALLS ID 83405**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature **X** *[Signature]* ☐ Agent ☐ Addressee

B. Received by (Printed Name) **Ken Service** C. Date of Delivery **FEB 28 2005**

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

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 **7002 0460 0000 7276 5048**

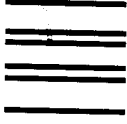
(Transfer from service label)

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Department of Water Resources  
Southern Region

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