

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:

ROBERT BYBEE/DONNA BYBEE
2014 E 1800 N
TERRETON ID 83450

2. Article Number (Copy from service label)

7000 1530 0000 9414 7522

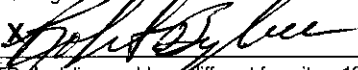
COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

11/20/03

C. Signature


☐ 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

OFFICIAL USE

Postage

\$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

\$

Postmark
Here

11.17.03

TRANS 70904

Sent To

ROBERT / DONNA BYBEE

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

2014 E 1800 N

City, State, ZIP+ 4

TERRETON ID 83450

7000 1530 0000 9414 7522

UNITED STATES POSTAL SERVICE



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

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

KARI LYNN TOWNSEND
DEPARTMENT OF WATER RESOURCES
1301 N. ORCHARD ST.
BOISE, ID 83706-2237

RECEIVED

NOV 24 2003

TRANSFER 70904
31-11443

Department of Water Resources

83706+2237

