

## 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:

**JOHN M MARSHALL  
GIVENS PURSLEY LLP  
601 W BANNOCK  
BOISE ID 83702**

## 2. Article Number

(Transfer from service label)

7001 2510 0007 6760 3098

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

☐ Agent☐ Addressee

## B. Received by (Printed Name)

Cassie J. Lillard

## C. Date of Delivery

8/19

## 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

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## 1. Article Addressed to:

**PARADISE SPRINGS FARM  
MICHAEL REID  
450 W 550 S  
VICTOR ID 83455**

## 2. Article Number

(Transfer from service label)

7001 2510 0007 6760 3081

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

☐ Agent☐ Addressee

## B. Received by (Printed Name)

Mike Reid

## C. Date of Delivery

8/17/04

## 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

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## 1. Article Addressed to:

**JRG PARTNERS  
GREGORY S YOUNG  
22060 REGNART RD  
CUPERTINO CA 95014**

## 2. Article Number

(Transfer from service label)

7001 2510 0007 6760 3074

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

☐ Agent☐ Addressee

## B. Received by (Printed Name)

Gregory S. Young

## C. Date of Delivery

8-20-04

## D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

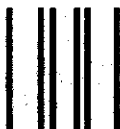
## 3. Service Type

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

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

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 •

DEPARTMENT OF WATER RESOURCES  
EASTERN DISTRICT OFFICE  
900 N. SKYLINE DR.  
IDAHO FALLS, IDAHO 83402

RECEIVED  
AUG 1 1 2004

Department of Water Resources  
Eastern Region

ATTN: 71076



UNITED STATES POSTAL SERVICE



GREETINGS  
FROM  
POCATELLO  
IDAHO

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

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

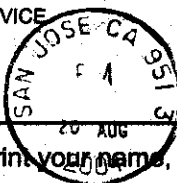
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EASTERN DISTRICT OFFICE  
900 N. SKYLINE DR.  
IDAHO FALLS, IDAHO 83402

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