

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ 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.		A. Signature X John Marshall ☐ Agent ☐ Addressee B. Received by (Printed Name) John Marshall C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
1. Article Addressed to: JOHN M MARSHALL GIVENS PURSLEY LLP 601 W BANNOCK BOISE ID 83702		3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) ☐ Yes	
7001 2510 0007 6760 3128			
PS Form 3811, August 2001		Domestic Return Receipt 102595-02-M-1540	

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■ 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.		A. Signature X Gregory S Young ☐ Agent ☐ Addressee B. Received by (Printed Name) Gregory S Young C. Date of Delivery 7-12-04 D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
1. Article Addressed to: JRG PARTNERS ATTN: GREGORY S YOUNG 22050 REGNART RD CUPERTINO CA 95014		3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) ☐ Yes	
7001 2510 0007 6760 3135			
PS Form 3811, August 2001		Domestic Return Receipt 102595-02-M-1540	

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■ 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.		A. Signature X Mike Reid ☐ Agent ☐ Addressee B. Received by (Printed Name) Mike Reid C. Date of Delivery 07/23/04 D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
1. Article Addressed to: PARADISE SPRINGS FARM MICHAEL L REID 450 W 550 S VICTOR ID 83455		3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) ☐ Yes	
7001 2510 0007 6760 3142			
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EASTERN DISTRICT OFFICE
900 N. SKYLINE DR.
IDAHO FALLS, IDAHO 83402

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JUL 14 2004

ATTN: 71076

Department of Water Resources
Eastern Region

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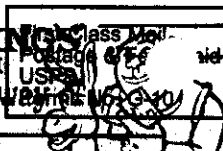
Department of Water Resources
Eastern Region



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GREETINGS
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