

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:

DARLA BATEMAN
404 E INDIAN CREEK RD
BOISE ID 83716

I-84

2. Article Number

(Transfer from service lab)

7012 1640 0001 3856 8314

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Darla Bateman* Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

RECEIVED
MAY 20 2013
DEPARTMENT OF
WATER RESOURCES

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

Yes

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 MAYNARD
ERICKA MALMAN
PERKINS COIE LLP
PO BOX 737
BOISE ID 83701-0737

I-84

2. Article Number

(Transfer from service lab)

7012 1640 0001 3856 8499

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Ryan J. Quinn* Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

RECEIVED
MAY 14 2013
BOISE ID 83701
DEPARTMENT OF
WATER RESOURCES

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

Yes

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:

CITY OF POCATELLO
C/O JOSEPHINE BEEMAN
BEEMAN & ASSOCIATES
409 W JEFFERSON ST
BOISE ID 83702

I-84

2. Article Number

(Transfer from service lab)

7012 1640 0001 3856 8338

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Debra Cline* Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

RECEIVED
MAY 28 2013
DEPARTMENT OF
WATER RESOURCES

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

Yes

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:

JAMES C TUCKER
IDAHO POWER COMPANY
PO BOX 70
BOISE ID 83707

I-84

2. Article Number

(Transfer from service label)

7012 1640 0001 3856 8505

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

SSP/IE

C. Date of Delivery

5-14-13

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

MAY 15 2013

DEPARTMENT OF
WATER RESOURCES

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

 Yes**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:

ED VAN GROUW
5089 S DEBONAIR LN
MERIDIAN ID 83642

I-84

2. Article Number

(Transfer from service label)

7012 1640 0001 3856 8321

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-V

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

Ed Van Groouw

C. Date of Delivery

5-14

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

MAY 16 2013

DEPARTMENT OF
WATER RESOURCES

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

 Yes**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:

WAYNE SHEPHERD
DIRECTOR OF PUBLIC WORKS
CITY OF MOUNTAIN HOME
PO BOX 10
MOUNTAIN HOME ID 83647

I-84

2. Article Number

7012 1640 0001 3856 8406

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

SHEPHERD

C. Date of Delivery

5-14-13

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

MAY 15 2013

DEPARTMENT OF
WATER RESOURCES

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

 Yes

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:

BROWN FARMS LLC
C/O CLIFFORD BROWN
HOLZER EDWARDS & HARRISON
1516 W HAYS ST
BOISE ID 83702

I-84

Article Number

(Transfer from service label)

7012 1640 0001 3856 8420

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

Lenny Cradon

C. Date of Delivery

5/14/13

D. Is delivery address different from item 1?

 YesIf YES, enter delivery address below: No

MAY 16 2013

DEPARTMENT OF
WATER RESOURCES

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

 Yes**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:

WENDY TIPPETTS
999 N SLATER CREEK
MAYFIELD ID 83716

I-84

2. Article Number

(Transfer from service label)

7012 1640 0001 3856 8390

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

Wendy Tippetts

C. Date of Delivery

D. Is delivery address different from item 1?

 YesIf YES, enter delivery address below: No

MAY 21 2013

DEPARTMENT OF
WATER RESOURCES

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

 Yes**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:

LORI ATKINS
GENE WILSON
DARWIN ROY
602 E MIKE'S PL
BOISE ID 83716

T-84

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

Lori Atkins

C. Date of Delivery

D. Is delivery address different from item 1?

 YesIf YES, enter delivery address below: No

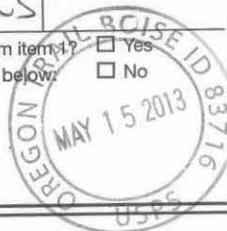
MAY 16 2013

DEPARTMENT OF
WATER RESOURCES

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

 Yes

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:

MICHAEL PRESTON
SHEKINAH INDUSTRIES INC
420 BITTERROOT DR
BOISE ID 83709

I-84 dg

2. Article Number
(Transfer from service label)

7012 1640 0001 3856 8260

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Sally Preston* Agent
 Addressee

B. Received by (Printed Name)
Sally Preston

C. Date of Delivery
5/14/13

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

MAY 16 2013
DEPARTMENT OF
WATER RESOURCES

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

Domestic Return Receipt

102595-02-M-1540

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:

MARY FRISCH
155 S PRONGHORN DR
BOISE ID 83716

I-84

2. Article Number
(Transfer from service label)

7012 1640 0001 3856 8383

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Kevin Doser* Agent
 Addressee

B. Received by (Printed Name)
Kevin Doser

C. Date of Delivery
05/14/13

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

MAY 16 2013
DEPARTMENT OF
WATER RESOURCES

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

Domestic Return Receipt

102595-02-M-11

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:

INTERMOUNTAIN SEWER AND
WATER CORP
C/O GREG JOHNSON
1710 S WELLS AVE STE 110
MERIDIAN ID 83680

I-84

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Hortless* Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery
5-14-13

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

MAY 16 2013
DEPARTMENT OF
WATER RESOURCES

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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:

CLEVELAND CORDER LLC
 622 ZOE LN
 GARDEN CITY ID 83714

I-84

2. Article Number

(Transfer from service label)

7012 1640 0001 3856 8475

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Ch...

Agent

Addressee

B. Received by (Printed Name)

Cleveland CG...

C. Date of Delivery

5-15-13

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

RECEIVED

MAY 16 2013

DEPARTMENT OF WATER RESOURCES

3. Service Type

Certified Mail Express Mail

Registered Return Receipt for Merchandise

Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

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:

NORMAN M SEMANKO
 PO BOX 1256
 BOISE ID 83701-1256

I-84

2. Article Number

(Transfer from service label)

7012 1640 0001 3856 8291

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

N...

Agent

Addressee

B. Received by (Printed Name)

Norman M. Semanko

C. Date of Delivery

5-22-13

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

RECEIVED
MAY 22 2013
BOISE ID 83701
USPS

3. Service Type

Certified Mail Express Mail

Registered Return Receipt for Merchandise

Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

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:

BRUCE SMITH
 MOORE SMITH
 950 W BANNOCK STE 520
 BOISE ID 83702

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Gena Crist

Agent

Addressee

B. Received by (Printed Name)

Gena Crist

C. Date of Delivery

5-14-13

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

RECEIVED

MAY 16 2013

DEPARTMENT OF WATER RESOURCES

3. Service Type

Certified Mail Express Mail

Registered Return Receipt for Merchandise

Insured Mail C.O.D.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>RECEIVED MAY 15 2013 DEPARTMENT OF WATER RESOURCES</p>
<p>1. Article Addressed to:</p> <p>DEL KOHTZ IDAHO WATER COMPANY 1135 VALLEY RD S EDEN ID 83325</p> <p><i>I-84</i></p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) 7012 1640 0001 3856 8451</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>RECEIVED MAY 15 2013 DEPARTMENT OF WATER RESOURCES</p>
<p>1. Article Addressed to:</p> <p>SPF WATER ENGINEERING 300 E MALLARD DR STE 350 BOISE ID 83706</p> <p><i>I-84</i></p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) 7012 1640 0001 3856 8284</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>RECEIVED MAY 16 2013 DEPARTMENT OF WATER RESOURCES</p>
<p>1. Article Addressed to:</p> <p>DANA QUINNEY SCOTT QUINNEY 160 S PRONGHORN BOISE ID 83716</p> <p><i>I-84</i></p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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 <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: ERICK POWELL BROCKWAY ENGINEERING 2016 N WASHINGTON ST STE 4 TWIN FALLS ID 83301 <i>I-84</i>	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
RECEIVED MAY 17 2013 DEPARTMENT OF WATER RESOURCES		
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
2. Article Number (Transfer from service label) 7012 1640 0001 3856 8482		
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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 <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: TIM CONRADS 75 S PRONGHORN RD BOISE ID 83716 <i>I-89</i>	B. Received by (Printed Name) <i>Gary Bowman</i>	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
RECEIVED MAY 17 2013 DEPARTMENT OF WATER RESOURCES		
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
2. Article Number (Transfer from service label) 7012 1640 0001 3856 8376		
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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 <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: MICHAEL CREAMER GIVENS PURSLEY LLP PO BOX 2720 BOISE ID 83701-2720 <i>I-89</i>	B. Received by (Printed Name) <i>Savannah Wallace</i>	C. Date of Delivery <i>4/14/13</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
RECEIVED MAY 15 2013 DEPARTMENT OF WATER RESOURCES		
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
2. Article Number (Transfer from service label) 7012 1640 0001 3856 8376		
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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 <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: TONYA D BOLSHAW PO BOX 16022 BOISE ID 83715 <i>I-84</i>	B. Received by (Printed Name) <i>Darren Bolshaw</i>	C. Date of Delivery <i>5/14/13</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
MAY 15 2013 DEPARTMENT OF WATER RESOURCES		
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
2. Article Number (Transfer from service label) 7012 1640 0001 3856 8369		
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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 <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: JOHN K SIMPSON BARKER ROSHOLT & SIMPSON LLP PO BOX 2139 BOISE ID 83701-2139 <i>I-84</i>	B. Received by (Printed Name) <i>Sue Estes</i>	C. Date of Delivery <i>5/14/13</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
MAY 15 2013 DEPARTMENT OF WATER RESOURCES		
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
2. Article Number (Transfer from service label) 7012 1640 0001 3856 8277		
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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 <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: CRAIG HAYNES G3 LLC 2136 E LEWANDOWSKI LN BOISE ID 83716 <i>I-84</i>	B. Received by (Printed Name) <i>Haynes</i>	C. Date of Delivery <i>17 May 13</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
MAY 21 2013 DEPARTMENT OF WATER RESOURCES		
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		